

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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N°1

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Presentation: Pink, film coated tablets containing ibuprofen BP 400mg. Indications: For the relief of rheumatic and muscular pain, backache, lumbago, fibrositis, neuralgia, headache, dental pain, migraine, period pain and symptoms of cold, flu and feverishness. Precautions: Caution should be exercised in administering ibuprofen to patients with asthma and especially patients who have developed bronchospasm with other non-steroidal agents. Special care should be taken when using ibuprofen in elderly patients, in whom increased tissue levels may result with an attendant increase in the risk of adverse reactions. In patients with renal, cardiac or hepatic impairment caution is required since other use of NSAID's may result in deterioration of renal function. The dose should be kept as low as possible and renal function should be monitored. Legal Category: P. Product Licence Holder: Cupal Limited, King Street, Blackburn, BB2 2DX. Cuprofen is a Trade Mark of Seton. Further information is available on request from the Licence Holder.

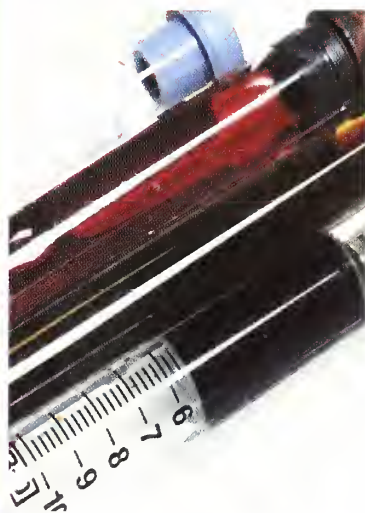
3pc pay rise imposed on England/Wales

*NICE sets out first
research areas*

*Power of own-label
products: yet to win
over beauty sector*

*DoH smoothes way
for PPRS price cut
compensation*

*SmithKline and Lilly
sue Dowelhurst*



*Drawing first blood
in diagnostics*

Online at <http://www.dotpharmacy.com/>

Prescribing Information

E45 Cream

White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

Uses:

For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

Dosage and Administration:

Adults and children: Apply to the affected part two or three times daily.

Contra-Indications, Warnings etc:

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Package

Quantities:

Tubes containing 50g

Tubes containing 125g

and 500g

Basic NHS Cost:

50g £1.18, 125g £2.34

500g £5.61

Legal Category: GSL

Product Licence Number:

PL 00000000000000000000

Product Licence Holder:

Crookes Healthcare Ltd

Nottingham NG2 3AA

Date of Preparation:

July 1999

E45 Emollient Bath Oil

Further information is available on

request from Crookes Healthcare Ltd

Nottingham NG2 3AA

Legal Category: Vw 35 wsl

Date of Preparation:

July 1999

E45 Emollient Wash Cream:

Further information is available on

request from Crookes Healthcare Ltd

Nottingham NG2 3AA

Status: ACBS listed

Date of Preparation:

July 1999

References:

1. Marks R, Payne E, Shaikat N. *Br J Dermatol* 1997; 137: 501-52

2. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11

3. Data on file, Crookes Healthcare (E37980711)

4. Blaszczyk-Kostanecka M, Prystupa K, Shaikat N. Poster presented at EADV, Nice, 1998

5. Cork MJ. *J Dermatol Treat* 1997; 8: 57-63

Eczema is the last thing on her mind

Think of E45 and you probably think of E45 Cream. Yet, E45 Bath and E45 Wash can help too.

E45 Bath and E45 Wash are not only soap and detergent free to avoid drying the skin, they actually help protect against water loss and dryness.¹⁻⁴

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THE NEWSWEEKLY FOR PHARMACY

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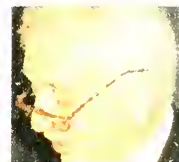
COMMENT

An early pay settlement was what PSNC wanted, and an early settlement is what contractors have got, compared to years past. It is yet another imposition, and community pharmacists should not be slow in reminding politicians that, yet again, the "powerful and comprehensive case" for proper funding for pharmaceutical services has been ignored. Yet they cannot make too much fuss because the bottom line is that, through a combination of circumstances, most contractors in England and Wales will see a 6.4 per cent increase in their monthly core income. An underpayment because of lower than expected prescription numbers over last winter, and the inclusion of funding for PoD checks has given a one-off boost to the global sum, and served to camouflage an otherwise miserly increase of 3 per cent. However, the decks have been cleared in anticipation of the publication of the long delayed DoH strategy document on community pharmacy, expected in October. There is growing expectation that it will signal an expansion of the pharmaceutical services. PSNC has not been slow in saying that it will insist on "significant additional funding" if that is the case.

In the shorter term there is a strong case building for compensation for the £900 cut in the average pharmacy's stock value, as a result of the imminent 4.5 per cent price cut on branded drugs. A sensible approach by the DoH, allowing manufacturers to include compensation as an allowable cost in their PPRS financial returns for 1999, means wholesalers should not be left counting the cost of devalued stock. PSNC says the response wholesalers have received augurs well for its own compensation negotiations. If wholesalers get help, then so should the next link in the supply chain. Anything else would be a sham, given the Government's oft repeated claim that it values community pharmacy services.

3pc increase in global sum imposed on PSNC

PSNC chairman Wally Dove (right) says it's disappointing



Call for more data for RPM hearing next October

Manufacturers, wholesalers and pharmacists are being sent questionnaires

Pharmacies not seen as travel information source

Only 2 per cent of the public would consult the pharmacy about travel health

Council members' 'annual reports' to be published

Pharmacists want to know what happens at Lambeth, especially in the Council chamber

Alison Strath: practising what she preaches

The vice-chairman of the RPSGB's Scottish Executive talks about her life & times

Drawing first blood: diagnostics in the pharmacy

How life style tests can be professionally rewarding, as well as help improve the business

Medicine Man on tour

A pharmacist tours the country, offering his services to thousands of people at outdoor events

Chemex '99 diary

Guest speakers at the NPA seminar will focus on professional development

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CHEMEX'99

WHERE COMMUNITY PHARMACY COMES ALIVE

Power to the own-label products

The rise and rise of own-label products within the healthcare market

Wholesalers expect compensation for PPRS

Manufacturers have received a letter from BAPW regarding compensation for members

SmithKline and Eli Lilly sue Dowelhurst

UK-based parallel importer is alleged to have infringed companies' trademarks without consent



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NICE sets priorities for investigation

Taxanes, proton pump inhibitors, interferon beta and the new anti-influenza drugs zanamivir and oseltamivir will be among the first treatments to be considered by the National Institute for Clinical Excellence this autumn.

The DoH says proton pump inhibitors are clinically- and cost-effective for some patients, but there is good evidence of inappropriate use. Clear guidance from NICE offers the potential for better care and potential savings, says the DoH.

The taxanes have well-established uses in a range of cancers, but the present uncertainty is over the use of paclitaxel as a first-line treatment of ovarian cancer.

NICE will consider beta interferon in secondary progressive and early MS and the new product glatiramer in relapsing-remitting MS. Pharmaceutical treatment will be considered in the context of services for MS patients generally and NICE may eventually develop more wide-ranging guidelines to set standards for care.

NICE guidance on the new anti-influenza drugs will set in context any evidence of clinical benefit, appropriate targeting and use of preventive measures.

Childhood inhaler systems for asthma are another target for this autumn, as there is much debate over the clinical- and cost-effectiveness of the more sophisticated systems and much variation in practice.

Drugs to be considered in early

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried during July:

- Our Healthier Nation – Heart disease and accidents (1131)
- Addiction II (1132)
- Scarring (1133).

Pharmacy Update is a distance learning programme, accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates). Internet users can catch up by accessing the dotpharmacy site (<http://www.dot-pharmacy.com>). The site also has a library of previous modules and questionnaires. A telephone marking service is available for a fee of £15 plus VAT. A certificate is issued to verify the number of hours of continuing education achieved. Pharmacy Update is supported by Genus Pharmaceuticals.

Global sum up 3pc

The Government has imposed a 3 per cent increase in the global sum for 1999-2000 on pharmacy contractors in England and Wales. In practice, though, most contractors will see a 6.4 per cent increase in their monthly income.

PSNC chairman Wally Dove said the outcome was extremely disappointing. "We put a powerful and comprehensive case to Government for a higher increase, but ministers have chosen to ignore the facts put in front of them."

2000 include riluzole for motor neuron disease, ritalin in childhood hyperactivity, orlistat and sibutramine for obesity, and two new Alzheimer's drugs – galantamine and propentofylline.

Another Cox-II inhibitor is likely to be licensed later this year and the Department expects some uncertainty over the use of these products, especially in relation to simple alternatives such as paracetamol. The Department hopes NICE guidance will forestall possible variations in uptake and help ensure appropriate targeting.

Ribavirin is expected to be licensed in the near future, in combination with alpha interferon for the treatment of hepatitis C. NICE guidance should help ensure a consistent uptake in the NHS if this is found to be appropriate.

Glitazones are a new class of compounds for type II diabetes, the first of which is likely to be licensed late this year. These drugs are expected to offer significant benefits to a substantial number of patients, so NICE guidance will help ensure appropriate targeting.

Glycoprotein IIb/IIIa receptor inhibitors are new compounds intended for patients admitted to hospital with unstable angina or acute coronary syndrome, as an adjunct to existing treatments such as low molecular weight heparin.

The earliest compounds will be administered intravenously in hospital, with oral preparations to follow. NICE will help ensure appropriate availability across the NHS.

Wound care is another significant area in terms of morbidity, quality of care and impact on NHS resources. There is still widespread uncertainty over the appropriate use of innovations, such as complex bandages, and a lack of good evidence, said the Department, which will define the areas for initial appraisal with NICE.

A fast-track Health Technology Assessment is already underway on the relative cost-effectiveness of anti-obesity drugs compared with other preventive measures, and will report in time to inform a NICE appraisal next year.

The 3 per cent increase will demotivate contractors yet further and make it more difficult to maintain and invest in services for patients, he said. "The fact is that the cost of providing the service is now being pushed well above the level of the global sum."

The global sum for 1999-2000 is determined at £755.1 million. This compares to £732.4m for 1998-99. The way the figure is reached is set out below:

	£m
● 1998-99 global sum	732.40
● Less POD training in 1998-99	(1.85)
● Plus POD payment in 1999-2000	12.25
● Baseline for 1999-2000	742.80
● 3 per cent increase imposed	22.30
● 1999/2000 global sum before the removal of directed services	765.10
● Less budget for directed services transferred to health authorities	(10.055)
● 1999-2000 global sum	755.10

The global sum is up 4.5 per cent on 1998-99, before the removal of directed services (which was agreed earlier this year), or 3.1 per cent after.

Directed services payments cover out-of-hours services and services to homes. Although the money has been transferred to health authority budgets, it is ring-fenced for 1999-2000. Next year this money will be part of the general HA budget and any payments to contractors will be determined locally.

Fees and allowances will change as follows:

- Professional fee – already increased by 2.3p from June 1 for POD checks. A further increase of 1.1p will apply from July 1, taking the fee to 97.5p per script.
- Professional allowance – increased

Monthly Rx volume in 98/99	Monthly income in 98/99	Monthly Rx volume in 99/00	Monthly income in 99/00	% change in monthly income
923	943	950	1,004	+6.5
1,244	2,207	1,281	2,370	+7.4
2,415	3,849	2,487	4,096	+6.4
3,600	5,061	3,708	5,385	+6.4
4,958	6,449	5,107	6,863	+6.4
7,056	8,594	7,268	9,146	+6.4
11,868	13,514	12,224	14,379	+6.4

The forecast change in monthly core income in 1999/2000 is +6.6 per cent compared with 1998/1999 based on a 3 per cent volume increase, and including the money for POD checks and the £4.8 million underpayment from the previous year. The distribution by size of contractor is set out in the table above



PSNC chairman Wally Dove

from £1,380 per month to £1,460 per month for dispensing 1,600 scripts per month or more, backdated to April 1. The graduated professional allowance is increased from £1.25 to £1.41 per script for contractors dispensing between 1,100 and 1,599 items per month, also backdated to April 1.

Contractors last year were underpaid by £4.8m because the estimated increase in prescription volume of 3.5 per cent for the second half of last year was higher than the actual figure of 2.5 per cent.

The NHSE has proposed that this should be paid as a lump sum over two months this autumn, in proportion to each contractor's total remuneration for those months (subject to the Pricing Authority's ability to do so).

This is the third pay settlement to be imposed in the past seven years. In a letter sent to the Pharmaceutical Services Negotiating Committee on August 4, Kevin Guinness, of the NHSE, says: "Ministers and the National Assembly for Wales have now determined that the offer made on June 21 of a 3 per cent increase in the global sum plus the £12.25m already agreed for point of dispensing checks is at both a fair and affordable level."

PPA's interim payments will make more work for contractors

The Prescription Pricing Authority's decision to make 100 per cent interim payments from September 1 will create more work for contractors but should not affect their cashflow.

Pharmaceutical Services Negotiating Committee recognises that the PPA is facing an increased workload due to the large number of drugs currently listed in Category D and it has had "no choice" but to implement the changes.

The interim arrangements have been used previously in Wales, and they involved contractors or their auditors in more work, checking payments were accurate.

There are now about 160 drugs listed in Category D, many of which are commonly used. Normally there are between ten and 20 rarely used drugs on the list. This has resulted in a 25 per cent increase in workload at the PPA, but it has no additional resources to deal with the situation.

All contractors in England and Wales have received a special edition of *PPA Matters* informing them of the changes. The September 1 payment would normally consist of the balance for June dispensed prescriptions and an 80 per cent advance payment for July. But the figure will instead be a 100 per cent interim payment based on July dispensed prescriptions.

This payment system is expected to continue "for a considerable period of time", with interim payments based on the last available month's figures. The net effect is that adjustments will be made a month later than normal. The payments timetable is unaffected, with payments made on the due date, based on an interim advance calculation plus or minus adjustments from the previous month.

Welsh prescribing task force to be appointed

GP prescribing in Wales will be investigated by a new task force to be appointed by the Welsh Assembly.

The move follows the release of an internal audit that showed the cumulative prescribing deficit of all Welsh health authorities and trusts totalled £72.5 million. The task force, expected to consist mainly of Assembly members and GPs, will be appointed within the next four weeks and is expected to report back by the end of the year.

Welsh Assembly health and social services secretary, Jane Hutt, announced the decision at the Assembly's health committee meeting last month.

RPM hearing: data collection again

Manufacturers, wholesalers and community pharmacists will be among those sent questionnaires, during the search for new data for the next round of the resale price maintenance hearing.

Although the Restrictive Practices Court has not scheduled the hearing until October 2, 2000, lawyers on both sides will be collecting information over the next few months. The first questionnaires to manufacturers were being sent out this week.

The Community Pharmacy Action Group and the Office of Fair Trading have been meeting to try and reach agreement on the questions which are to be sent out to 'RPM setters'. Changes in the law, under the Woolfson reforms, mean both parties in a case are expected to work together in collecting information before the court hearing.

Stressing the importance of collecting as much data as possible, CPAG chairman David Sharpe urged those community pharmacists who receive the questionnaire to complete and return it. "The chances of winning are considerably enhanced by the questionnaire being returned accurately, because the judge will base his decision on evidence and not hearsay and anecdotes," he said.

Proprietary Association of Great Britain director Sheila Kelly says that



CPAG chair David Sharpe

the questions being asked will mirror those that were put in the 1970 case. All information returned will be subject to strict confidentiality rules.

Referring to Department of Trade and Industry's announcement on Monday that companies engaging in anti-competitive practices will be heavily fined, Ms Kelly said that because of the exemption negotiated in the Competition Act, RPM would not be affected.

Drug Safety Research Unit recruits Hants pharmacists in ibuprofen pilot

The Drug Safety Research Unit (DSRU) is recruiting Hampshire pharmacists for a pilot study looking at over-the-counter ibuprofen.

The DSRU, a medical charity affiliated to Southampton University, aims to monitor the potential side effects of ibuprofen bought over the counter, and investigate how well pharmacists are screening patients for the drug.

The Department of General Practice and Primary Care at the University of Aberdeen, which carried out a parallel study in Grampian last year, is overseeing the Southampton project. Plans are afoot for another collaboration with Keele University.

Senior research fellow Dr Nick Dunn and pharmacist Debbie Layton,

both at the DSRU, have contacted all pharmacists in the Hampshire area inviting them to join the study.

Those who agree are then asked to hand out recruitment questionnaires to all patients purchasing OTC ibuprofen. The DSRU wants to recruit around 3,000 patients for the main study.

Some 120 pharmacists have already been recruited. Lloydspharmacy is including all its pharmacists as part of a local practice research drive.

Vast sales of over-the-counter ibuprofen go unmonitored, relying in the main on yellow card reporting by GPs. Dr Dunn said monitoring via pharmacists represented an important opportunity.

PCT application process outlined

Details of the process for establishing primary care trusts have been issued.

Primary care groups, NHS trusts providing community services and "others in local health economics" are being invited to consider developing proposals to establish a PCT for their populations. The first will begin operating on April 1, 2000. Submissions should be made by early September to the health authority, in the first instance.

Health service circular HSC 168 sets out four key criteria for which applications will be considered:

- the benefits of what will be achieved
- the degree of support for the proposal
- the 'fitness' of the proposed organisation to deliver
- the impact on other organisations.

Funding towards preparatory costs of prospective PCTs will come from HAS.

Using cautious all inclusive language, health minister John Denham said that PCTs will be locally driven and that "local doctors, nurses and other health professionals will decide what they will do". He repeated the Government's pledge: "We have promised to put local doctors and nurses in the driving seat in deciding how their local patients are looked after and get treatment. The evolution of PCGs into PCTs will be a powerful additional way to make this happen."

No mention is given in HSC 167, 'PCTs: application process' or HSC 168 'Minimum requirements to address human resource issues in PCTs' of what the composition of the boards of PCTs is to be.

Staffs pharmacists involved in concordance study

Pharmacists in two Staffordshire PCGs are taking part in a concordance study - the last stage in a four part health promotion campaign that began last April.

The study, involving ten pharmacies in the Cannock Chase and Stafford PCGs, began in June and is to last for three months. Patients are being invited to discuss medicines compliance with pharmacists. If any problems are highlighted, the patient is called back for a more in-depth interview. The study is targeting patients taking preventative cardiovascular drugs, such as Beta blockers, aspirin and statins. It is being promoted with window displays.

Pharmacists are paid £1.50 for each brief intervention and £30 for the longer interviews.

The results of the study, being evaluated by the Department of Health, are expected at the end of November.

S Essex PCG involved in clinical governance study

All the pharmacies in a South Essex primary care group are taking part in a clinical governance study covering asthma, angina and atrial fibrillation.

The study in Rochford PCG aims to ensure that, unless contra-indicated, patients with angina are taking aspirin and a statin, patients with atrial fibrillation are taking aspirin, and asthmatics are being treated according to British Thoracic Society guidelines.

Patients presenting prescriptions for digoxin, nitrates, or beta agonist inhalers are given one of three short questionnaires to complete at the pharmacy. If they are not taking medication according to the guidelines, they are referred to their GP for a review. A referral letter is completed by the pharmacist, with one copy given to the patient and the other sent to the GP.

The 'three As' study began this week with 15 pharmacies being paid £150 to participate. It is funded by pharmaceutical companies and will run for two eight-week periods with a six-month interval. If it is successful, it will be extended to other PCGs in the area.

More Cat D additions to August Drug Tariff

The Pharmaceutical Services Negotiating Committee says the following should be added to the list printed in last week's *C&D* (August 7, p6) of Category D items for August not shown in the *Drug Tariff*:

Chlorpromazine tablets 25mg, 1,000s; doxycycline capsules 50mg, 100s and 100mg, 100s; isosorbide mononitrate tabs 10mg, 56s and 100s; thioridazine tabs 50mg, 100s.

Clotrimazole Cream BP 1 per cent w/w 20g pack will change from Category A to C, based on Canesten, for August pricing, but will not be shown in the *Tariff* until September.

Pharmacies not seen as a source of travel information

Only 2 per cent of the public think of using the pharmacy for travel health advice, a survey has found. On the other hand, 77 per cent would consult their GP and a fifth would turn to friends, family or the travel agent.

Pharmacy was ranked behind travel agencies in the survey of 300 people, commissioned by Pasteur Merieux MSD (PMMSD).

A spokesman called the results "quite surprising", but added: "After the travel agency, the pharmacy is often the second stop for holiday-makers. It is therefore important that customers are aware that the pharmacist, along with the GP surgery, can

provide travel health advice."

Those selected for interview had recently travelled to a destination where travel immunisations were recommended. PMMSD said that the survey demonstrates that many holiday-makers are not getting health advice from the best source.

In particular, the survey found that many people had travelled unprotected by vaccine to destinations including the Dominican Republic and Malaysia, high areas for infectious diseases such as hepatitis A. When asked why they had not been vaccinated, a typical response was: "I did not need it," says PMMSD.

Another area of confusion was the difference between compulsory and recommended vaccination - although the Department of Health recommends several vaccines as a precautionary measure, only yellow fever and meningococcal meningitis vaccines are compulsory for certain destinations.

Travellers are also poor at recalling which vaccines they have had and when. "Almost a third can't remember what they've had, even for their most recent trip," says PMMSD.

Two-fifths of those who had received a typhoid vaccine by injection thought it offered up to ten years' immunity, but it only provides three.

BTPFRS customers need to re-apply for NHS service

Pharmacists who have the British Telecom Priority Fault Repair Service, paid for centrally by the NHS need to re-apply for this service before December 1.

This is necessary to correct faults in BT's information about these accounts. All contracts will be terminated on December 1 and existing customers must re-apply before this date.

All pharmacies in England should have received a Health Service Circular giving them details and application forms. Health authorities have been asked to contact existing BTPFRS customers, who have not re-applied by October 31, to ensure telephone service continuity over the millennium. The requirements also apply to GPs.

The NHS Executive will pay for the BTPFRS service for one essential telephone number at each pharmacy that provides a 24-hour medicines supply service.

Rewards for staff training

Berkshire-based pharmacy chain JR Butler Chemists has rewarded its staff for their commitment to training.

At an awards evening earlier this month, technicians and pharmacists were given certificates for attending a range of training courses during the year. In addition, an award was made to the Goring-on-Thames branch for giving the highest standard of performance out of the six pharmacies in the company.

General manager, John Lawes, said: "We are convinced our staff training policy and the way we encourage people to attend regular training events throughout the year is of benefit to our customers, to our staff and to the company. We have used *C&D*'s Cambridge Counterpart Course for a number of years and are delig-



Staff from the Newbury Branch of JR Butler Chemists with their training certificates presented by general manager John Lawes (front right) and Chris Jetten (back centre), from the evening's sponsor, Unichem

ed with it. The assistants find it easy to read and they also like the telephone marking system."

Thirty members of staff attended the evening.

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Hospital pay offer like the curate's egg

The latest pay offer to hospital pharmacists is currently out for consultation with the Guild of Healthcare Pharmacists.

The management side of Whitley Council has at last listened to trust chief pharmacists and conceded that there are problems with the recruitment and retention of hospital pharmacists.

But just how good is the latest offer? It appears to address some of the acute problems at the lower grades, with grades A to D receiving proportionally higher increases, but will it be enough?

Certainly grade A/B pharmacists can't wait to get their 12 per cent rise. But even that will not bring their salary near that of a community pharmacist's. The overall effect is to compress the current pay spine like a concertina.

Will this help career prospects? Unlikely: why attempt to move up through the present grades if the extra responsibilities are not adequately reflected within the pay packet?

Will this offer be seen in a few years' time as the beginning of the end of the current career structure within hospital pharmacy? Hopefully not, but with

"Allowances have rarely been increased in line with salary"

the reorganisation and the reduction in the number of trusts, there are fewer chief pharmacist posts about.

Is there any evidence that the greater responsibility of these posts is being rewarded by an adequate grading? Not so far. The posts are not being graded to reflect their importance.

One of the first casualties of the pay offer will be the on-call payment. Until now, payment has been made by awarding two points on the pay spine. Since these points were equidistant, all pharmacists were paid the same rate for the same job.

This will be impossible to maintain if the current offer is accepted. A/B grades would be paid considerably more than E/F grades. So the offer replaces the current arrangements with an on-call allowance.

The more suspicious of us have noted that allowances have rarely, if ever, been increased in line with salary. Still, according to the Government, the whole structure of NHS pay is going to change next year anyway!

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

More thought needed on technician training

The lead article by John D'Arcy in August's *Pink Supplement* from the National Pharmaceutical Association discusses the problems of mandatory technician training in community pharmacy. It outlines some of the consequences of the current Royal Pharmaceutical Society proposals and urges that all members get involved in the debate.

I could not agree more, because the problems caused by the required training of medicines counter assistants will pale into insignificance compared with those of dispensary technicians. The genuine problems of pharmacists working at the sharp end must be addressed, and these will vary enormously depending on the type of practice.

In my case, I already employ one of the old Apothecary Hall qualified technicians, and brilliant she is too, but I am open six days a week and Saturday is her well-deserved day of rest.

It has always been my policy to provide Saturday employment for enthusiastic youngsters, and over the years this has worked well, with each student working for up to three years on a Saturday.

Saturday mornings can be very busy with prescriptions, so I always employ one student to help me in the dispensary. I find they are quick to learn and rapidly provide me with essential technical support. Their training suits both our requirements and some of them have become sufficiently interested to progress to a full-time career in pharmacy.

The system works well, but under the current RPSGB proposals, these students will be unable to gain experience in the dispensary and I will be left with no help on a Saturday.

The RPSGB proposals are too inflexible. Their application to my Saturday problem could dangerously increase my already pressurised workload, remove essential technical back up and reduce the opportunities for providing work experience for students. And all this in the quest for



training conformity.

I agree with the NPA: training of dispensary staff is essential, but the depth of that training must be determined by circumstances, not by an inflexible, imposed Council edict.

It would be nice to see the A&H rep...

I was delighted to read the clarification from Allen & Hanburys that if I had dispensed in July the two Flixotide 50 MDIs I stock for one particular child, I would be reimbursed at the old price of £11.43 (*C&D* August 7, p10), but as I have not, and according to the child's PMR, will not dispense them until the middle of August, I will lose £9.16!

A&H has juggled the price of Flixotide 50 to suit its own marketing purposes, but now expects me to foot the bill. And that is not the end of my problems. I have not seen the A&H representative for years, yet the bush telegraph tells me that his or her presence is often enjoyed by local surgeries.

But the rep is obviously doing the job well, because in the past year my use of Accuhalers has risen geometrically and I now have stock of Becodisks and Flixotide Diskhalers, no longer being used, that are too short dated even to sell at half trade price.

By its policy of continual product development, A&H has improved the quality of life for many asthmatics, but in doing so the company has caused me financial loss. All I ask is that it accepts this responsibility and sends a representative to sort out my problems.

I am sure the simple exchange of a few Ventolin Inhalers for my now unusable stock would not prejudice the corporate entertainment budget for GPs!

Time to re-invest those NHS profits

I am about to replace my dispensary computer with a new one, firstly in order to ensure year 2000 compliance and secondly to help me keep up with the IT revolution.

I will pay for my new computer out of the vast profits I make from NHS dispensing. GPs at my local surgery, though, are to be individually provided with new desktop computers at no charge by the Department of Health, so that they can be electronically linked to the GPNet.

I can only assume that GP negotiators were able to demonstrate how poorly remunerated doctors are by comparison with their pharmacist colleagues!

Lloyds introduces baby care advisers

Lloydspharmacy is appointing store assistants as baby care advisers, to give new mothers help and advice on an informal basis.

Over 800 of the company's pharmacies will have the advisers, who will normally be full-time members of staff. They have been specially trained to provide information on suitable food and drink for babies, as well as on practicalities such as bathing and dressing a newborn baby. While the advisers can also suggest suitable treatments for minor ailments, pharmacists will also be on hand for further advice.

Stores have been selected with a 'large' baby care section, where the service is being promoted through point of sale material.

Lloydspharmacy marketing director Nick Stokes believes that the introduction of baby care advisers will help show the company's commitment to making the pharmacies an essential destination for young parents.

● Lloydspharmacy is sponsoring the 'essential pharmaceutical product' category of the *Mother and Baby* awards. Readers of the August edition of the magazine can vote in the awards for their favourite over-the-counter baby product.

Zest on the look out for 'pharmacy of the year'

Zest magazine is looking for its second two 'pharmacies of the year', in its 'Zest for Life Awards 1999'.

Two awards are to be made. Readers of the magazine are being asked to nominate a local pharmacy for providing "first class service" and say if they are "impressed by the innovative approach of one of the nationwide chains".

Other awards will go to the best GP, best nurse, as well as best celebrity role model, health food range, alternative health product, supplement and health club.

A special achievement award will be made to an individual, whether they are famous or not, working in any area from fundraising to journalism to healthcare, who has worked to improve the health of British women.

Nomination forms are included in the September issue of *Zest* and will have to be submitted by September 19. The first winners of the award, made last year, were Farmacia, a pharmacy in central London, and Tesco (C&D November 28, 1998, p6).

RPSGB to publish Council members' annual reports

The Royal Pharmaceutical Society Council has agreed that information about individual Council members' performance, including expenses, should be published annually. In addition, a summary at the end of the three-year term of office will also be published.

The agreement came after a motion was put forward by David Allen, who proposed "that in the interest of corporate and financial governance, a performance review of individual members of Council be published". The format would include committee positions held, attendance, positions on other bodies and expenses broken into ranges.

Mr Allen argued that pharmacists wanted to know what happened at Lambeth, especially in the Council chamber, and the motion was designed to be a step forward to greater transparency.

While Council members accepted most of the recommendations, some felt there would be no benefit in detailing members' individual expenses. Alan Nathan argued that published expenses would only demonstrate that some Council members lived further away from London and therefore incurred greater expense.

Linda Stone echoed this, saying the figures would be meaningless without a knowledge of train fares or how often attendance in London was required.

A working group will be set up to recommend the format in which the information will be produced.

In a further step to increase transparency at Lambeth, Council also approved a proposal to open up the meetings of the Society's officers. This followed a motion put forward by Mr Nathan, who proposed that agendas

and minutes of all meetings of the officers be produced and issued to Council members. He argued that while Council now recognised that need to conduct its business as openly as possible, the meetings of the officers were held not just in private but in total secrecy.

Peter Curphey backed the motion, but only because it was the only way to exorcise a lack of trust in the officers, he said.

Payments A motion put forward by Andrew Burr that the current payment model for Council members was unsatisfactory, ambiguous and inequitable, was carried. It was pointed out that a bye-law before the Privy Council would allow members to stand for Council knowing that they would not necessarily be financially burdened. It was hoped that progress on the bylaw would be announced shortly.

Chief Pharmacist Health minister John Denham has written to the Society saying that the Department of Health was committed to appointing a chief pharmaceutical officer to succeed Bryan Hartley, who retired in April. The job specification was still being agreed at the DoH.

Commonwealth Pharmaceutical Association Christine Glover paid tribute to the success of the Commonwealth Pharmaceutical Association fund-raising dinner, saying it was a tremendous achievement, and she commended Hemant Patel who had been involved in organising it.

The Avicenna Pharmacists' Associates had presented £500 to the CPA, and a further £1,000 for the Society's Benevolent Fund.

Code of Ethics A draft of the revised Code of Ethics has been approved for launch at the British Pharmaceutical Conference. 'Pharmacists' ethics and professional performance' will be put out for consultation by the membership until the end of the year.

Fellowship Immediate past president Hemant Patel has been appointed a fellow of the Society.

Parliamentary pharmacy group The first meeting has been held of the PPG to discuss the establishment of the group committee. Dr Howard Stoute MP has agreed to co-chair the group.

Privy Council nominee Professor Michael Schofield is to serve as one of the three Privy Council nominees on Council.

Council to tackle issues of transparency

The Royal Pharmaceutical Society's Council issued a statement last Friday that it had agreed to consider:

- Corporate and financial governance
- Transparency of Council activities
- Methods of selection of president, vice-president and chairmen and membership of Council committees.

Council working groups will be set up immediately and their recommendations should be considered at the December Council meeting.

The Council also agreed to review elements of the 'Ways of working of the Council and staff' to improve the efficiency and effectiveness of the decision-making process.

The statement was issued last Friday and sent to all Council members.

Award winning technician cuts theatre costs by £12,000

Jayne Snee of Leicester Royal Infirmary has won the AAH Hospital Service 'Hospital Pharmacy Technician of the Year' award for her work in reducing costs and increasing stock efficiency in a hospital theatre setting. Her intervention saved £12,000 and has led to the funding of a full-time post.

In Edinburgh last week, Ms Snee was presented with a crystal decanter by Bill Scott, chief pharmaceutical adviser to Scottish ministers, the Scottish Executive and the NHSIS.

Mr Scott said: "The hospital pharmacy service leads the profession in the way it utilises technicians and now community pharmacists must also look very closely at how they educate and utilise their own staff. Empowerment and development of technicians allows pharmacists to be released for clinical work, which benefits all."



Pictured from left are: Castle piper Mr Hunter, Jayne Snee, AAH Hospital Service director Jeremy Poole and Bill Scott

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Script specials



Zocor approved as cholesterol modifier

Zocor (simvastatin) has received approval in the US as the first 'cholesterol modifying' drug, indicated to increase high density lipoprotein (HDL) or 'good' cholesterol.

The US Food & Drug Administration approved the drug after data was submitted indicating mean increases of HDL of between 8 and 16 per cent.

Simvastatin will be used alongside diet and exercise to manage lipid imbalances. HDL has a beneficial role in cholesterol metabolism - it picks up low density lipoprotein in blood vessels and transports it back to the liver for elimination.

Zeffix: lamivudine for Hep B in adults

Glaxo Wellcome has launched Zeffix (lamivudine) for the treatment of chronic hepatitis B in adults.

The recommended dose of Zeffix is 100mg daily taken with or without food. The drug is indicated for patients with chronic hepatitis B and evidence of viral replication with decompensated liver disease or with histologically documented active liver inflammation and/or fibrosis.

For patients who are co-infected with HIV and are receiving or plan to receive lamivudine combination therapy, the dose should be maintained at the usual 150mg twice daily.

Zeffix comes as Oral Solution 5mg/ml (240ml, basic NHS price £23.32) and Film Coated Tablets 100mg (28, £79.94).

Glaxo Wellcome UK Ltd. Tel: 0181 990 4321.

IN BRIEF

PPRS price cuts come through

Some major price cuts in ethical products are in the pipeline, after the recent PPRS agreement to cut branded drug prices by 4.5 per cent. Subscribers should keep a close eye on price changes in the *C&D Price List Supplement* each week. The price of Lustral 50mg x 28 has dropped from £26.51 to £16.20, and Prograf 5mg x 50 from £447.20 to £410.98, for example.

Calcette calcium supplement

Calcette is a new, prescribable calcium supplement from Ashbourne Phormochemicals. Calcette (100 tablets, basic NHS price £8.98) contains calcium carbonate 500mg in a fruit-flavoured chewable tablet.

Ashbourne Phormochemicals.

Tel: 01604 883100.

Movicol in 30 sachets

New 30 sachet packs of Mavical are being introduced from September 1, providing one month's treatment for chronic constipation. The new packs (basic NHS price £14.77) will complement existing 20 sachet packs.

Norgine. Tel: 01895 826600.

Dovonex doubles up

From the middle of August, Dovonex Scalp Solution will come in 120ml bottles (basic NHS price £44.56) in addition to the existing 60ml size.

Lea Pharmaceuticals.

Tel: 01844 347333.

Triludan discontinued

Triludan 60mg tablets and Triludan Suspension have been discontinued for commercial reasons. No further supplies will be available once current stock is exhausted.

Haechst Marion Roussel.

Tel: 01895 834343.

Robaxin inj discontinued

Shire has discontinued Rabaxin (methacarbamol) Injection because of low demand. Rabaxin tablets continue to be available as usual.

Shire Pharmaceuticals.

Tel: 01264 333455.

Revised prostate booklet

The Prostate Forum has revised its booklet, 'Prostatic disease - when to refer'. Copies can be obtained by writing to the Prostate Forum, PO Box 2846, London W6 0ZG.

MEDICAL MATTERS

Fish oils and not vitamin E bring cardiac benefits

The strength of the Mediterranean diet lies in its fish oil rather than vitamin E component, according to a new Italian study in *The Lancet*.

There has been conflicting evidence on the benefits of fish oils, specifically n-3 polyunsaturated fatty acids (PUFAs) and vitamin E (alpha-tocopherol) in cardiovascular disease.

Anti-atherogenic, antithrombotic and anti-arrhythmic properties have been attributed to n-3 PUFAs, but the exact mechanism of action has remained unclear. Vitamin E, though, has shown benefits as an effective antioxidant against cardiovascular damage by low density lipoprotein.

However, trials in populations with varying cardiovascular risk have produced controversial results.

The Italian study looked at the effects of fish oils and vitamin E supplements in patients who had suffered myocardial infarction (MI).

From October 1993 to September 1995, 11,324 patients who had suffered an MI in the previous three months were randomly assigned supplements of n-3 PUFA 1g daily, vitamin E 300mg daily, both or none for three and a half years. The primary endpoint was death, non-fatal MI and stroke.

Treatment with n-3 PUFA, but not vitamin E, significantly lowered the risk of primary endpoint. Benefits were attributable to the decrease in risk of overall and cardiovascular death.

Oral corticosteroids for COPD

Evidence to support the use of low dose oral corticosteroids in patients hospitalised with exacerbations of chronic obstructive pulmonary disease (COPD) comes in a new study in this week's *The Lancet*.

The use of oral corticosteroids in COPD exacerbations is a contentious issue as it is based on common practice rather than clinical evidence.

Continued use, particularly in patients with frequent exacerbations, is also associated with corticosteroid myopathy. Standard treatment of such exacerbations is normally with antibiotics and bronchodilators.

In the study, patients with non-acidotic exacerbations of COPD were randomly assigned oral prednisolone 30mg once daily (n=29) or placebo (n=27) for 14 days, in addition to standard therapy with antibiotics, nebulised bronchodilator and oxygen.

The results showed that forced expiratory volume (FEV1) after bronchodilation increased more rapidly and to a greater extent in the corticosteroid group. The percentage predicted FEV1 after bronchodilation rose from 25.7 per cent to 32.2 per cent with placebo compared with 28.2 per cent to 41.5 per cent in the corticosteroid group.

Benefits were clearly seen within five days and were accompanied by improvements in general wellbeing, mobility and sleep quality. Hospital stays were also shorter. However, benefits did not extend beyond the hospital stay, indicating that shorter courses may be equally effective.

The findings support the current practice of prescribing low-dose oral corticosteroids to all patients with non-acidotic exacerbations of COPD requiring hospital admission.

Maternal nutrition concerns 'premature'

Maternal nutrition in industrialised countries seems to have little effect on birth weight. Researchers from Oxford now believe that concerns over the impact of the mother's diet on child health may have been premature.

A study published in this week's *British Medical Journal* reveals that only vitamin C intake independently predicted birth weight or placental weight, after adjustments for maternal height and smoking.

The expected mean difference in birth weight between infants of moth-

ers in the upper and lower thirds of intake was 70g. The relationship with placental weight was of doubtful clinical significance.

Placental and birth weight were unrelated to intake of any macronutrient early or later in pregnancy.

The authors conclude that maternal nutrition has only a marginal impact on infant and placental size in the relatively well-nourished women of industrialised countries. Other causes of variation in the size of newborn babies should now be investigated.



Only **5** out of 10

pharmacists

always take their **full holiday**

in a year,

but...



Counterpoints



Support range from Activa Health Care is climate controlled

Activa Health Care is launching a new range of climate controlled supports for medical or sporting needs.

The Activa support range features knee and ankle supports made from a new double layered material - Tactel 'climate effect' - which provides moisture control, leaving the skin surface dry and warm.

The new material gives extra comfort and helps to accelerate the body's own natural healing process.

The support range is suitable for short- and long-term use and helps



to protect injured and weakened joints, muscles, tendons and ligaments.

The knee supports are available in two sizes and the ankle supports come in four sizes - small, medium, large and extra large. Each support retails at £5.49.

Activa Health Care is also introducing new elasticised towelling wrist supports (rsp £3.99), which come in one size and are fully adjustable with a velcro fastening.

Activa Health Care Ltd.
Tel: 01283 540957.

Stronger identity for Lifeplan brand

Lifeplan Products is relaunching its Lifeplan brand of vitamins, minerals and supplements to create a stronger range identity.

In the first phase of the relaunch, striking new purple and yellow

packaging is being introduced for 18 products, including fish oils, garlic oils, evening primrose oils, starflower oils and royal jelly.

New packaging will also be phased in for other Lifeplan products (each in their own sector colours) by the end of the year.

The company has recently appointed Activ8

Healthcare Sales to handle its business in the independent chemist sector.

Lifeplan Products Ltd.
Tel: 01455 556281.

Centrum campaign challenges the consumer's diet

Whitehall Laboratories is supporting its Centrum multiminerall-multivitamin brand with a new press advertising campaign.

In a challenge to the consumer's lifestyle and diet, the advertising features the headline 'So you think your diet's 100 per cent? Think again!'

The aim of the campaign is to educate consumers on the rationale and benefits of multivitamin supplementation.

The advertising is appearing in women's and men's magazines this month.

Whitehall Laboratories Ltd.
Tel: 01628 669011.

New Ephytem lines for autumn

Three new lines are being launched into the Ephytem Microspheres range in September. The products combine the benefits of herbs and essential oils.

The three lines are:

- a blend of herbs suitable for bowel care containing fennel, chamomile, blue mallow and peppermint oil
- a blend of herbs that may help maintain a healthy heart, containing garlic, green tea and lavender oil
- a blend of herbs suitable to take during the winter months, with mullein, wild rose and tea tree and thyme oils.

All three lines come in packs of 30 (30 days' supply) priced at £10.99.

They are of 100 per cent vegetable origin, so are suitable for vegans.

In-store leaflets are available. Details of introductory offers are available from:

Brewhurst Health Food Supplies.
Tel: 01932 354211.

Bottoms up

Eastern Pharmaceuticals is relaunching its Medicaid Nappy Rash Cream (0.5 per cent w/w cetrimide BP) with brighter new packaging. Available in an outer of six, the product retails at £2.99 for 50g.

Eastern Pharmaceuticals Ltd.
Tel: 0181 569 8174.

Pharmacy promotion for Feldene P Gel

Pfizer Consumer Healthcare is running a pharmacy counter top promotion featuring its 7.5g trial size pack of Feldene P Gel.

The prescription strength NSAID gel, which contains piroxicam (5mg per gram of gel), is being promoted at the special price of £0.99.

The price offer is accompanied by a promotional leaflet, which focuses on encouraging sufferers with arthritis to keep active and to use a topical, pain relieving gel to ease the discomfort of the condition.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

Autumn advertising boost for Sanatogen supplements

Roche Consumer Health will support its Sanatogen Gold multivitamin and multimineral supplement with a £2.1 million TV campaign this autumn.

The nationwide TV commercial will promote the all-round lifestyle benefits of the supplement. It will run from September until October on ITV,

Channel 4 and satellite.

Sanatogen Pronatal multivitamin supplement, which is targeted at new mothers and mums-to-be, is being backed by a £60,000 press advertising campaign in parenting magazines, from August until the end of the year.

During November, Sanatogen

Classic 50+ will be supported by advertising on six radio stations, including Talk and Classic FM.

Promotional activity for the Sanatogen range will be backed up with special retail deals.

Roche Consumer Health.
Tel: 01707 366000.

NEW
TRIAL PACK

... 9 out of 10 people who try Solpadeine are likely to buy it again

to job is perfect. But having loyal, satisfied, high-pending customers certainly helps. And that's why the Solpadeine NEW TRIAL PACK is such a great idea. It's designed to be displayed on your counter and to bring you more Solpadeine customers. They're the people who come to pharmacies only, have the

highest loyalty of any analgesic customer and will spend five times more each year than a customer purchasing the next most popular brand. So whilst you can't be sure if you'll get a decent holiday this year, you can be sure of Solpadeine. Order now from your wholesaler, whilst stocks last.

Solpadeine Few things in life are as certain as Solpadeine



Natural Dead Sea body products hit the UK

Zara Dead Sea Organics will launch its Zara range of natural body care products in the UK in September.

The range is named after Zara - an oasis along the shores of the Dead Sea, which is a giant reservoir of natural salts and mud.

Products include Dead Sea bath salts, Dead Sea black mud, black mud soap, olive oil soap, facial wash, exfoliant, hand cream, face moisturiser, shampoo, hair conditioner, shower gel and body moisturiser.

Retail prices range from £2.79 to £5.95.

Zara Dead Sea Organics Ltd.
Tel: 0171 727 7072.

Strong appeal for relaunched mints

Kraft Jacobs Suchard is relaunching its Curiously Strong Mints brand, which has traditionally been sold by

pharmacies, as Altoids.

Initially the relaunch will be supported by a £400,000 publicity campaign in the London area. The regional campaign will include poster advertising, postcards and PoS material.

The advertising features cheeky slogans, which boast that Altoids are 'luckily not available in extra strength' and warn consumers that they might want to 'practise on other mints first!'

The company plans to roll the advertising campaign out nationally next year in a £2 million programme.

Altoid mints retail at £0.99 for a tin of 70.

Kraft Jacobs Suchard.
Tel: 01242 236101.



Stick with Rimmel for bare-faced chic

The new 1000 Caresses Stay on Stick Foundation from Rimmel is a high-speed, low maintenance foundation, for achieving a fresh-faced beauty.

With a formulation that transforms from solid to liquid on contact with the skin, the new stick offers a unique texture that feels light on the skin and is easily blended.

Long-wearing (lasts up to 12 hours) and transfer-resistant, 1000 Caresses Stay On Stick Foundation, works to enhance natural skin tone, not mask it, giving a natural looking finish. Its stick format allows precise application, disguising blemishes as effectively as a concealer. The appearance of fine lines is also

minimised due to a complex of seven different light diffusing powders and ultra-light colour pigments that leave the complexion looking silky smooth.

The new stick foundation also contains a non-chemical sunscreen of SPF8, as well as vitamin E. It is fragrance-free, dermatologically tested and ideal for all skin types. Available in five shades from September, it will retail at £6.49.

The lightweight packaging has a special hermetically-sealed mechanism which protects the formulation from 'drying out'.

Coty (UK) Ltd.
Tel: 0181 971 1300.

Dual action masque for RoC Retinol range

Johnson & Johnson is adding a dual-action masque to its RoC Retinol range.

The masque is formulated to give dull, tired skin a quick boost by applying a thin layer over the face. It helps to smooth fine lines and wrinkles and give the complexion a fresher, more radiant look.

The product is also designed to be used as an anti-ageing treatment

mask by applying a thicker layer over the face and leaving for five minutes before removing with cotton wool or rinsing off. According to RoC, the pure and active vitamin A (Retinol) re-energises cell activity and fine lines and wrinkles are visibly reduced.

Retail price is £12.95 for 40ml.
Johnson & Johnson Ltd.
Tel: 01628 822222.

J'adore Dior's sensual new fragrance

Christian Dior is launching a new women's fragrance nationally on September 20.

J'adore is a sensual, feminine fragrance, which comes in four sizes of eau de parfum (with retail prices ranging from £26.50 to £52), as well as extrait de parfum, with a retail price of £124 (30ml).

The fragrance is presented in a sculpted bottle. The slender neck is encircled by rings of gold.

The launch will be supported by a "dramatic" TV advertising campaign.

The range will be available exclusively at Selfridges from August 20.

Parfums Christian Dior (UK) Ltd.
Tel: 0171 563 6300.

Elvis helps boost sunglasses sales

AAI.FosterGrant is introducing an Elvis Presley promotion to boost late summer sales of FosterGrant sunglasses.

Visuals of Elvis Presley are part of eye-catching PoS displays for the promotion, which will run until mid-September. The promotion coincides with the anniversary of Elvis' death on August 16.

Consumers will have the chance to win a VIP trip for two to visit Elvis Presley's Graceland via a prize draw 'mechanic'. Over 100 runners-up will win Elvis Presley sunglasses.

PoS materials have been designed to be added to existing FosterGrant stands. The promotion is part of the 'Who's that behind those FosterGrants' marketing campaign.

AAI.FosterGrant Ltd.
Tel: 01782 577055.

Bathing beauty is a natural

Nature's Store is introducing a new tea tree bath and shower gel from the Ord River Tea Tree Company.

Natural Tea Tree Bath & Shower Gel incorporates tea tree and lavender oil. Formulated with antiseptic cleaning properties, the gel revitalises the skin, leaving it soft and invigorated.

As a special introductory offer, it is available with a free body scrub and shower bag. Retail price is £4.45.

Nature's Store.
Tel: 01782 794300.

ON TV NEXT WEEK

Arrid XX: All areas except U, CTV

Carex: All areas plus C5

Clinomyn smokers toothpaste: STV, G, Y, C, A, HTV, M, LWT, CAR, C4, C5

Dettol moisturising handwash: A, M, CAR, C4

Diffucan One: B, Y, C, LWT, CAR, TT

Jungle Formula Insect Repellent: GMTV

Just for Men hair colourants: All areas

Listerine antiseptic mouthwash: STV, C, M, LWT, C4, Sat

Oxy: All areas except U, CTV, GMTV

Pearl Drops toothpolish: C4, C5, Sat

Poli-Grip: GTV, U, STV, G, Y, C, A, HTV, W, M, CAR, TT

Pro Plus: C4

Regaine: C4, Sat

Seabond denture fixatives: B, G, Y, TT, C4

Valerina Night Time: C, W

Vitalegs herbal gel: GMTV

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Fujifilm loyalty card scheme is something to smile about

Fuji Photo Film is launching a new 'Say Fuji & Smile' customer loyalty card scheme exclusively for its Fujifilm Image Service members.

The free and flexible scheme is designed to encourage repeat business among existing customers, maximise opportunities in cross-selling products and services and

give a better understanding of customers' buying behaviour.

Consumers will collect points on a credit card-sized loyalty card. For every £1 spent on in-store processing, consumers will receive one point. Once they have collected ten they will get £1 off in-store processing or a Fujifilm product.

The scheme will be supported in-store by posters, till toppers and mobiles to ensure consumers take advantage of the scheme.

All interested retailers will receive PoS material, a special stamp and 5,000 loyalty cards.

Fuji Photo Film (UK) Ltd.
Tel: 0171 586 5900.

Powerful launch from Panasonic

Panasonic's new Power Alkaline Max range of batteries is engineered to provide up to 30 per cent more power in modern 'high drain' digital and mobile appliances such as portable CD and MD players,

hand-held games, toys, personal organisers and digital cameras. The batteries are available in AA, AAA, D, C and 9V sizes.

Panasonic Industrial Europe Ltd.
Tel: 01344 853259.

Millennium Mavala

Mavala has introduced two new shades to its mini colours range – Ananas and Abricot. Mavala mini colours retail at £2.95.

Mavala UK Ltd.
Tel: 01732 459412.

Battery boost with double deal

Energizer is offering retailers the opportunity to boost autumn sales, with a double deal battery promotion for its double AA size Energizer Advanced Formula and AA size Ever Ready Ultra Plus batteries.

With every purchase of a Double Deal counter display pack, retailers get 24 AA battery packs (12 of each brand) for the price of 22. The consumer also gets a special deal with each pack of four batteries holding a fifth battery for free.

The eye-catching and compact branded dispensers are designed to fit neatly on all counter tops, ideal for those impulse purchase decisions that account for 75 per cent of all battery sales.

CERT Customer Services.
Tel: 01992 464546.

LETTERS

Fears for the future

Xrayser, I am pleased to note, has seen some truth in my concerns regarding the possible future threats to the community pharmacist. I would like to add that there is no greater opportunist than myself, and for me to express concerns over the future should indeed be worrying for most community pharmacists.

Perhaps I should explain the reason I went public on this issue. The NHS Bill was given Royal Assent in June. Primary care trusts have been given immense powers, subject to directions from the health secretary.

If I may quote John Denham, who recently wrote to PSNC, stating: "It is not my intention to encourage PCTs to set up pharmacies in competition with existing contractors. Since the NHS Bill will give us the power we need to issue direction to PCTs as appropriate, I do not think it is necessary at this stage – before the first PCTs have formed – to decide whether to use those powers."

I am of the firm belief that once PCTs are formed there will be very little time to lobby ministers to ensure that trust managers do not abuse their powers at the expense of pharmacy contractors. Since PCTs have been given the freedom to own and operate premises, the time for action is now. We must ensure that rational distribution of pharmacy prevails in order to avoid a polarisation of services, which would be detrimental to adequate pharmaceutical services and patient care.

I am not for 'raising the drawbridge'. I am willing to adapt to change. All I am trying to ensure is

that we are consulted well before PCTs are formed and are allowed to have a bigger say in the provision of pharmaceutical care. For far too long decisions have been made and simply imposed upon us, and not only by the Government.

Finally, I would like to add that PSNC, at its July board meeting, debated a paper raising these concerns, and a working group is being set up, which I am to chair. We will consider the opportunities **Xrayser** mentioned and a strategy in which community pharmacy can deliver better pharmaceutical services in the next millennium. The long-awaited strategy document for community pharmacy, from Frank Dobson, may well be one of the avenues we shall explore.

Kirit Patel
Thornton Heath

Wake up, Council!

Once again the incestuous Society's Council has badly let down its long suffering and fee paying membership. From the present representation on this body, it now appears to be the voice of a small minority.

Community pharmacists make up the majority of the membership, yet seem to be ignored by the power mad elected members that constitute our Council. This Council is so inward looking it appears to be too frightened to communicate with its members.

Don't these blinkered people realise that when less than 20 per cent of the membership bother to vote there must be something wrong at the top?

There has been consistent support for a radical change to the single

transferable voting system. Wake up, Council, respond to your members' views! Why don't you ask the membership if it would like a change?

From my own straw poll of community pharmacists, they would be absolutely ecstatic to be asked, and even happier if the system was changed to allow for the election of 21 or so regional representatives. At least we might know our Council member and be able to express our views to him or her.

This regional system works well and has stood the test of time with two well-supported organisations in pharmacy, the NPA and PSNC. When these two bodies organise meetings, they are well attended, unlike the present moribund Society's branches.

All that the members require is real time communication. I am led to believe that there is a full-time department there to help. So please, RPSGB, provide your long suffering membership with what it wants.

David Thomas
Wolverhampton

A role for pharmacists

I am writing in response to **Xrayser's** 'topical reflections' on NHS Direct (C&D July 24, p7). The NPA is working closely with our Essex partners and the NHS Executive to ensure that NHS Direct develops in a way that creates opportunities for members.

There are two issues we need to address. We need to ensure that there is a referral pathway from NHS Direct to community pharmacy for the treatment of minor ailments with medication. If we do not do this, there is a danger of NHS Direct nurses

recommending medication without regard for pharmacists' professional code of conduct in relation to the supply of non-prescription medicines. This would side-line pharmacists.

If our work is successful and a new referral route is integrated into NHS Direct, it should not result in additional phone calls and advice giving. Rather, it should result in customers requesting additional advice from the pharmacist with a view to purchasing non-prescription medicines if appropriate.

In addition, NHS Direct will be sending people to pharmacies as opposed to other outlets.

In the second phase of the project, we will be exploring how the concept of a pharmacy-based NHS Direct service might work. In this phase, we envisage pharmacists or their staff giving advice to people in the pharmacy and potentially over the telephone. We may also test the use of touch-screen technology so that the public can interrogate NHS Direct themselves.

This phase clearly involves the pharmacist and staff in work for which they are currently unrewarded. We plan to build in funding for participating pharmacies, which reflects the time it takes to provide this service. We would not condone a model that requires contractors to provide the service for free.

I hope that this clarifies the situation and that readers are assured that the NPA and others are doing all they can to secure a role for pharmacists within NHS Direct.

Georgina Craig
Head of professional development, National Pharmaceutical Association

DOUBLE

Sankyo Pharma are back
with a double billing of

TV starts September

PENETRATES TO THE
POINT OF PAIN



Movelat® Relief contains mucopolysaccharide polysulphate (MPS) and salicylic acid Ph. Eur.



MOVELAT®/ MOVELAT® RELIEF ABBREVIATED PRODUCT INFORMATION: **Presentation:** Movelat/Movelat Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur. 2.0% w/w in a white cream base. Movelat/Movelat Relief Gel contains the same active constituents in a colourless gel base. **Indications:** Movelat/Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat/Movelat Relief Cream: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat/Movelat Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily. **Contra-indications:** Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. **Precautions:** For external use only. Not to be used during the first trimester or during late pregnancy. **Side-effects:** Allergic skin reactions may occur in individuals sensitive to salicylates. **Legal Category:** P **Pack Details:** Movelat/Movelat Relief Cream (PL 8265/0008), Movelat/Movelat Relief Gel (PL 8265/0009). **Trade Prices:** £3.99 per 80g tube, £2.51 per 40g tube. **Retail Price:** £6.99 per 80g tube, £4.40 per 40g tube. Full product information is available on request from the **Product Licence Holder:** Sankyo Pharma UK Limited, Repton Place, Amersham. **Date of Preparation:** July 1999. **PROPAIN® TABLETS ABBREVIATED PRODUCT INFORMATION:** **Presentation:** Yellow compressed tablets with a scored bisect line on one side, each containing: paracetamol BP 400mg; codeine phosphate BP 10mg; diphenhydramine hydrochloride BP 5mg; caffeine BP 50mg. **Indications:** Treatment of migraine, headache, muscular pain, period pain and toothache. Also for the symptomatic relief of influenza, feverishness and colds. **Dosage:** Adults, the elderly and children over 12 years of age: 1 to 2 tablets every four hours up to a maximum of 10 tablets in 24 hours. **Contra-indications:** Propain is contra-indicated in patients with known hepatic or renal impairment and during pregnancy or lactation. **Warnings:** Propain may cause drowsiness and affected individuals should not drive or operate machinery. **Precautions:** The effect of alcohol and other sedatives may be potentiated. Excessive intake of caffeine-containing drinks should be avoided. **Legal Category:** P **Pack Details:** Propain tablets (PL 0542/0015R). **Trade Prices:** 12 tablets £1.31 (R.S.P. £2.30), 24 tablets £2.25 (R.S.P. £3.95) **Product Licence Holder:** Farillon Ltd, Romford RM3 8UE. Full product information is available from: Sankyo Pharma UK Limited, Repton Place, Amersham HP7 9LP. **Date of Preparation:** July 1999. PMRD9902T



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Alison Strath, vice-chairman of the RPSGB's Scottish Executive, talks to pharmacy consultant **Dr Lindsay Howden** about her past and future roles in pharmacy in Scotland

Putting into practice what she preaches

The past 12 months have been a time of great change and opportunity for pharmacists in Scotland. The vice-chairman of the Scottish Executive, Alison Strath, has played a leading role in these changes. "You need people on the ground now who are prepared to move things forward," she says. "There are great advocates for the profession in Scotland and people have been motivated."

Alison Strath gave up her job as the National Pharmaceutical Association's community pharmacy co-ordinator for Scotland and Northern Ireland in March, and two weeks later took over a pharmacy business in Elie, Fife. She is committed to putting into practice what she has preached over the past three and a half years.

The beginnings

Alison went to Aberdeen University in 1985 and studied science for one year. At the end of this year, she did not know what she wanted to do with her career and came home for the holidays to Markinch in Fife. It was a pharmacist friend of the family who suggested pharmacy as a career. After applying to, at that time, the three schools of pharmacy in Scotland, she entered the second year at Robert Gordon's Institute in Aberdeen.

In her last year as an undergraduate, she became the president of the pharmacy students' association, which she thoroughly enjoyed.

Her pre-registration year was spent in Troon, Ayrshire, working for Scottish pharmacist James Broadlie. With three pharmacists in the business, this gave her a broad perspective of community pharmacy.

In 1989, Alison submitted the winning entry in the Keck BPC poster competition. At the conference, she met a number of

Scottish pharmacy politicians including Graeme Millar, the present chairman of the Scottish Executive of the RPSGB. At that time, Graeme was looking for a manager for his pharmacy in Corstorphine Road in Edinburgh. Alison worked for Graeme Millar from 1990 to 1994.

While she was there, she met her fiancé, Kenny, who worked in another of Graeme Millar's shops. They have now been engaged for seven years, but, according to Alison, "have not yet found the time to get married".

The businesses were sold to Lloyds Chemists in December 1994 and Alison stayed on with Lloyds for a further six months.

Meanwhile, the NPA put in place the community pharmacy development role. She was very interested in this, having already been involved in Lothian looking at how to get pharmacists more involved and integrated into primary care.

"The new NPA post was a huge opportunity to assist pharmacists in making that leap forward," she says. "Pharmacists are tied to the shops and they needed an 'enabler' to look at how they could move forward."

According to Alison, the new job was "a blank sheet of paper for the first six to nine months. The five development directors were going around their regions trying to define what the priorities were in the different health board areas and how pharmacy could fit in".

Alison worked through the existing pharmacy networks and made contact with key players such

as directors of primary care. "Areas such as health promotion and managing minor ailments were important. I then tried to develop models which pharmacists could use without starting from scratch."

Each director took one area of interest and Alison's was health promotion. She looked to see what was best practice to find a

framework that could be used locally. Alison hopes that the 'pharmacy health improvement frameworks' that she has put in motion will be a lasting legacy to her time in the development job. Her understanding of how the NHS works and also of the key issues affecting other

professionals has increased tremendously.

She considers that her work has been an 'enabler' and has helped people progress at a local level. "I think the work that I have done has been a useful tool in allowing us to look at how we integrate pharmacists into health promotion. The most important lesson that we have learnt is that the approach for the future needs to be multidisciplinary. There has been a lot of really good work in health promotion in the past, but it has been done within our own profession and not necessarily involving others."

"I have been able to share good practice in terms of what is happening with the White Paper around the country and help to support people in the changes in the new NHS within the past year."

Alison has far from retired from



Alison Strath

pharmacy politics and education. She admits to being a co-opted member of the Tayside Area Pharmaceutical Committee, vice-chairman of the Scottish Executive, secretary of the area Chemist Contractors' Committee on Tayside and SCCPE tutor for Tayside.

Travel log

Speaking of her extensive travels in the NPA job, she says: "I have been to every health board in Scotland and Northern Ireland, other than Orkney and the Western Isles. I'm very sorry that I never got to those in person, although I did telephone and exchange e-mails!"

Alison hopes to find some spare time to go back to her past hobbies. "I would like to take up golf again, but I need a few more lessons. I really enjoy music and I play the piano and violin. I am very keen to go back to doing a little bit of recreational music as well. In fact, I have promised myself guitar lessons."

Alison's pharmacy is in Elie, which is 30 miles from Broughty Ferry in Dundee, where she lives, and is in a different health board area. Alison describes Elie as "a nice, small town with one general practitioner practice and one pharmacy". She is clearly enjoying working in a small community.

"The most important lesson that we have learnt is that the approach for the future needs to be multidisciplinary"

Taking a blood sample and testing it is one way pharmacists can extend their role – but win the doctors over first

Drawing first blood

Life style risk assessment tests offer pharmacists a positive step forward in providing added value. As well as being professionally rewarding, pricking fingers for blood has the potential to improve business. And, importantly for the NHS, the tests could save money by diverting patients away from GPs.

Not all GPs are yet in a position to see that their time, and PCG finances, could be freed up a little by allowing pharmacists to take on this screening role. There is a fear that by identifying potential health risks to patients, their prescribing budget and workload will increase. Pharmacy can argue that it is the patient who should come first, and if patients learn that they may be at risk in future, then they can take steps now to have a better quality of life.

Although it will be important for pharmacists to work alongside GPs, the doctor's input is not always essential in the first instance. Many of the people who are using such services are the fit, young professionals who don't normally see a doctor anyway.

What is perhaps more important is the need to demonstrate to the public



that the community pharmacy is a suitable place for such tests and that pharmacists are capable of providing just as good a service, in terms of interpretation and advice, as the patient may obtain from the traditional setting of the GP surgery.

Recent research by the Royal Pharmaceutical Society has found that

the public is not aware of many of the new services being offered through pharmacies, particularly in the area of testing (*C&D* July 10, p4). While two thirds of people know that pharmacies provide smoking cessation advice, only 24 per cent of the public realised pharmacies can provide pregnancy testing services,

and 22 per cent were aware of cholesterol testing. Even lower was the 18 per cent of people who knew that pharmacies may offer blood pressure testing.

Raising awareness and building confidence, therefore, is the key to pharmacy taking on the role.

There is a problem, though, with the term 'diagnostics' which came from across the Atlantic where physicians have less of a problem with it. In the UK, to make sure pharmacists are not seen to be stepping on the doctor's toes, the terms 'health risk assessment tests' or 'screening tests' are used. This is not as obsequious as it may seem: although the tests may use the technology common in many diagnostic tests, health risk screening is about alerting the consumer to quality of life, rather than diagnosing a specific condition. That should still be left to the doctor.

And is a pharmacy, at present, an appropriate place to diagnose an HIV infection and counsel the patient, or to do a gene test and find an unborn child is likely to develop cystic fibrosis? The only two conditions where a specific result is appropriate is in pregnancy testing and blood grouping.

Test driving what is available for the pharmacist

Following the success of pilots in health promotion and screening services, Numark is offering health risk assessment services to pharmacies that have been refurbished through the Numark Concept Pharmacy programme.

"The service aims to motivate customers to change their life styles and to revisit the pharmacy for monitoring and repeat testing," says Numark. Among the services being offered are cholesterol and blood glucose testing, blood pressure, height and weight measurements and full life style assessment.

Results are fed into a computer, which then assesses the customer's risk of coronary heart disease, as well as showing the benefits of a life style modified to reduce the risk. Patients

can be encouraged to come back to the pharmacy to measure progress.

"Numark sees healthy life style awareness by the consumer as an exciting professional and commercial opportunity for independent pharmacists," says Sarah Sipple, Numark's category controller, professional services. "The strength of the independent pharmacist is that they are a familiar face, well known and respected by their customers, which enhances the ease of approach in potentially sensitive areas."

Numark is also launching its own brand OTC Cholesterol Kit and is looking into the potential of other OTC screening kits as well as in-house screening programmes. "It is important that Numark offers a broad array of diagnostic services for its shareholders, so that they can select

the services which suit their individual businesses and consumer needs," adds Ms Sipple. "These services must be fully endorsed and supported by comprehensive training. If this is done, then pharmacists could eventually sell these services to primary care groups."

Roche Diagnostics has recently opened its offer of free CAMIT Diabetes Management Software with purchases of its blood glucose meter, Glucotrend.

Roche argues that as insulin users visit pharmacies up to 12 times more frequently than other customers, diabetics are an ideal target group for pharmacy support. To this end, the CAMIT software should help improve disease management by providing patients with a PC-compatible

programme that will allow them to download their blood glucose results from a Glucotrend Premium meter. From this, the patient can create device analysis graphs and glucose trend reports helping them to fine-tune medication to improve diabetes management.

The offer runs in conjunction with purchases of Roche's Glucotrend Premium, based on the Glucotrend Soft Test System. It has a capacity to store 300 readings in the memory, has time, date and alarm features and the PC download function. During the promotional period, which runs until October 31, the meter will continue to retail at £34. Combined with the free software, this can represent a saving to the consumer of £14.

Continued on P22 →

TRANSPORT ADVERTISING:

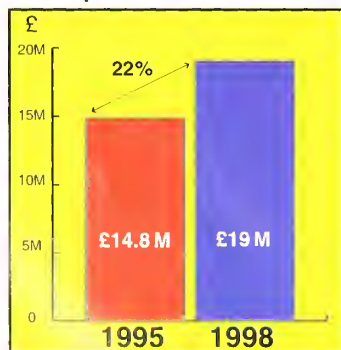
Just what the doctor ordered



It's a self-medication market: research shows consumers are becoming more knowledgeable about it. The American market for these products more than tripled in a decade, and there's no reason to think that the British market is any different.

Given this situation, it's hardly surprising that pharmaceutical companies are spending more on advertising than ever before (see chart). The number of advertised brands has increased; consumers have a greater product choice; brands are jostling to remain top of mind at the all-important point of sale, where the definitive purchase decision is made.

Ad spend has increased



Every advertiser needs to elevate their product above the rest in this bustling marketplace. The best prescription is to supply an extra shop window for your brand exactly where consumers are about to make a purchase decision. Clearly, this is best placed as near to the point of sale as possible.

That shop window is transport advertising. It reaches busy people out and about, rushing to work, shop or play. After all, these days we're all uncomfortably aware that we haven't got time to succumb to illness. Both preventative and curative products have found a receptive audience on TDI media - buses nationwide and the London Underground.

Outside broadcasts

Bus advertising drives your product right in front of people on the high street. Hayfever making you uncomfortable out of doors? Beconase on a bus side provides welcome relief. Feeling 'off' rushing to a meeting?

Lemsip Powercaps' '1 dose. 12 hrs flu relief' promise is a big relief in every way. And buses are a cost-effective way to spread your message nationwide to the whole demographic spectrum.

Fun Underground

Pharmaceutical advertisers have also seized on London Underground advertising to play with a topic close to commuters' hearts: the fear of being run down, for whatever reason, and not performing to the max. It's certainly struck a chord with people working and playing hard, as proved by the mini case studies opposite.

Successful vitamin and flu cure campaigns have tailored their message specifically to the Underground environment and audience. Copylines such as Lemsip's 'Stop snivelling and get back to work', or Berocca's 'Perform well at work. Have a drink before you go in' raise a smile and stick in commuters' minds through their relevance.

The Underground also delivers a captive audience:

the average Underground journey lasts 20 minutes - plenty of time to absorb product information provided by advertising in stations and on trains.

Eye-catching appeal

The best place to target a young, upmarket audience is where they spend most of their time - out of home. Transport advertising can be tailored to appeal specifically to this group where you have their undivided attention, travelling from A to B seeking welcome distractions. Pro Plus's target audience responded positively to Underground advertising featuring the product:

"I had a lot of work on, and was going out clubbing, and that advert [Pro Plus] made me go and buy some of them - I thought they'd be useful." -

Male frequent Tube user
18-25

(Source: RQQR 1998).





Transport tactics

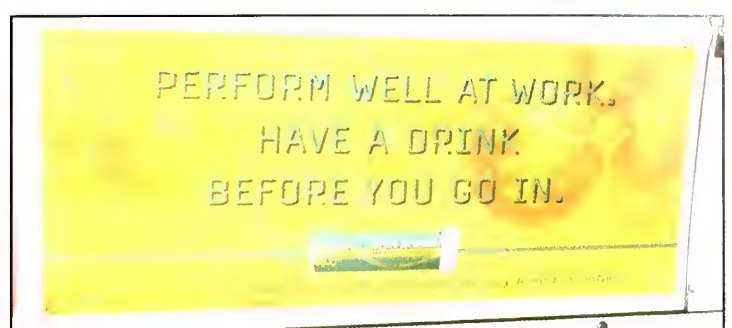
Pharmacia and Upjohn took ownership of transport media in London over the New Year period for nicotine replacement therapy (NRT) Nicorette. The package, consisting of high-profile bus and Underground advertising, provided thousands of London revellers with free travel and food for thought on New Year's Eve - the time of year when smokers' thoughts turn to quitting.

Nicotinell chose a different route - it branded every single Underground 'No Smoking' plaque with the reassuring message 'At

times like this, it needn't be hell with Nicotinell'. One of the most famous non-smoking sites in the world, the Underground medium became the message. It raised a wry smile, and persuaded smokers that there could be relief from cravings.

Head-turning advertising like this works. Commenting on the British market for NRTs, market analyst Euromonitor said: "The high-profile advertising and marketing of NRTs in the past twelve months has undoubtedly helped raise consumer awareness, and this is likely to increase as such activity increases."

This is no less true of so many other self-medication markets. **To find out what TDI media would prescribe for your brand, please call the sales team on 0171 428 2800.**

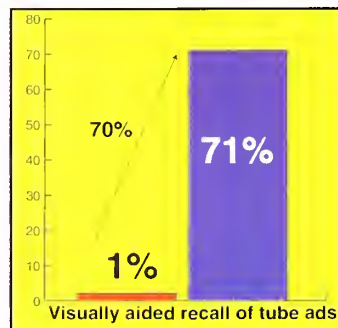


Mini case study: Berocca

TDI media used: 4,000 Tube car panels for two months

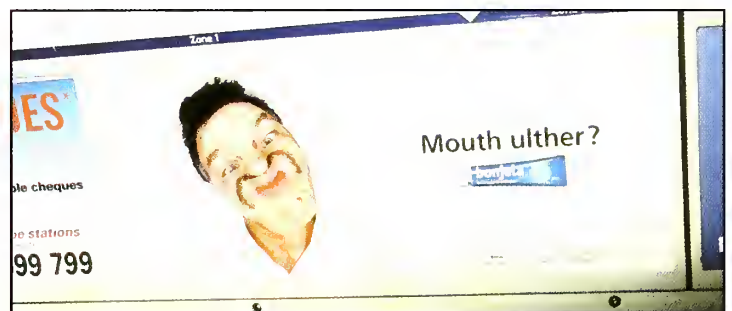
Campaign results:

Respondents positively commented on the commuter relevance of the advertising.



71% of respondents recalled at least one of Berocca's ads compared to 1% pre campaign
SOURCE: CDMR 1998

James Marples, Director of Berocca's agency The Media Business, commented: "We were looking for a medium which was not only efficient in reaching our highly defined target audience, but also one which worked in harness with the creative work. The Underground provided a highly salient campaign, which met all expectations and delivered extremely positive results."

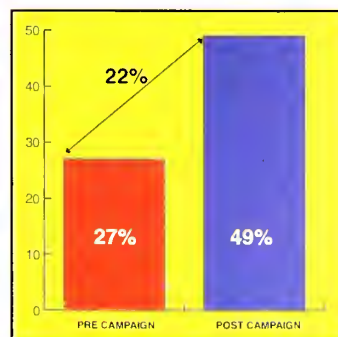


Mini case study: Bonjela

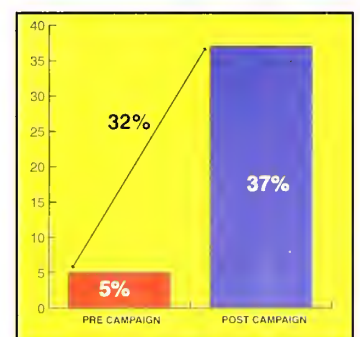
TDI media used: 4,500 Tube car panels for four months

Other media: Selected women's press

Campaign results: Sales increased by 18% in the London area. Post stage respondents agreeing that they were 'very likely' to buy Bonjela increased by 60%.



Spontaneous brand awareness of Bonjela jumped from 27% pre campaign to 49% post campaign.



Spontaneous advertising awareness of Bonjela catapulted from 5% pre campaign to 37% post campaign.

SOURCE: CDMR 1998

Roche also has promotional material and further information for pharmacists and is running a consumer advertising campaign "to encourage testers to purchase the Glucotrend Premium from their local pharmacy".

The blood pressure market is growing at over 25 per cent annually, says Omron Healthcare. It claims a large proportion of the digital meter market, and points out that mercury is being phased out for use in both manometers and thermometers.

Currently, two-thirds of the thermometer market is digital. The infrared type for ears shows the largest growth with a 40 per cent share.

Omron supports its range of monitors, which includes body fat measurement, with a range of point of sale units. Some of these allow the customer to try the product. Omron says that periodical promotions through the major pharmacy wholesalers can increase PoR to 40 per cent on some items.

Another means of screening, other than blood or urine samples, is to use a saliva test. Altrix has introduced a range of diagnostic and screening tests using an OraSure device, which uses 'oral mucosal transudate' collected on an absorbent pad placed near the crevices of the gum. This should resemble blood serum content, rather than ordinary saliva, and allows tests for a range of drugs and infections.

The collection pad is placed between the lower cheek and gum, rubbed back and forth until moist and kept in place for two minutes. After this the pad is put in the collection vial and then sent on to the laboratory for testing.

Currently, the range of tests offered by Altrix include hepatitis B and C, HIV, opiates, cannabinoids, cocaine, methamphetamines, *H pylori*, methadone, benzodiazepines, amphetamines and cotinine (nicotine). The tests are supplied to hospitals and clinics, and Altrix is in discussion with independent testing organisations. In part, this is being driven by insurance companies and others, eager to find alternatives to the usual blood and urine tests - in the US over two million tests are carried out using the system each year. In addition, the Colindale Central Public Health Laboratory Service for HIV and hepatitis uses the OraSure system.

"The pharmacy environment is one that provides a convenient and skilled interface to allow members of the

public the chance to have tests or samples performed to allow for many different areas of diagnosis that would normally be the domain of the GP or hospital," says Altrix's operations manager. "We clearly would not provide all of the testing options through pharmacies, but we are currently in discussions with a number of the larger groups about introducing pilot projects to their branches. This will offer the outlets a

chance to provide supervised and convenient sample collections that can then be expertly analysed in our laboratories.

Health Check tests No 1 and No 2 are 'ground

breaking' home tests, says Kent Pharmaceuticals. Testing for urinary tract infections and faecal occult blood, the company believes they are suitable products to be incorporated into any pharmacy run or managed in-store diagnostic programmes. The tests are designed to spot diseases before there are any obvious signs, and are intended primarily for people over 40 years.

Addressing concerns that not all diagnostic tests may be appropriate for the pharmacy setting, the company says: "Health Check products only provide an indication that there may be a medical problem. They do not diagnose. That is the professional responsibility of the patient's GP." As such, information leaflets supplied in each pack advise that there is no need for initial concern, but that any positive results should be followed by a doctor's appointment.

Another concern being expressed by GPs is that the tests may increase their workload. "These are visits which may not otherwise have occurred, but for the test," says Kent Pharmaceuticals. Most people will test negative, and for most that test positive, the tests will lead to a diagnosis of conditions such as Crohn's disease, ulcers and even haemorrhoids, which will still benefit from medical treatment. "An overburdening of doctor's surgeries is unlikely to occur. People who are subsequently diagnosed as having a problem would have ended up as a GP's patient anyway, probably later, but at a less easily treatable stage."

Kent Pharmaceuticals points out that the kits contain two complete tests to allow a result to be checked 24 hours later. This helps take into account that some abnormalities do not bleed all of the time and helps reduce the possibility of false results.

"People diagnosed as having a problem would have ended up in a doctor's surgery anyway"

Millennium baby blues?

Is the millennium baby boom going to happen or not? Despite the media interest in what went on behind the nation's bedroom doors this spring, and the increased demand for pregnancy tests shortly afterwards, the Southampton Women's Survey says it is not going to happen. In fact, says the Survey, "according to data gathered by the researchers in the past few months, the number of babies scheduled to be born over the millennium to women in the survey is no higher than would be expected any other year."

Chefaro is responsible for Predictor, the first at home pregnancy test introduced to the market over 20 years ago. It comes second in the home pregnancy test market with a share of 23.8 per cent of the £18.8 million market. The 15.9 per cent year-on-year growth suggests that there really was a boom in test sales (IRI Data Total GB 52 weeks to March 21, 1999, excluding Boots).

While acknowledging that many women now feel confident enough to buy pregnancy test kits without advice, for example through grocery outlets, Chefaro's head of trade marketing, Yvonne Westcott, says: "Really, pharmacy is still the first port of call."

Place of purchase depends then on the end user: "If you are a first time user, you are more likely to go to the pharmacy for their recommendation. If you are a second time user, you have more confidence. To keep the customer, have easy access and offer choice, both in price and in single and double packs."

Assistant strength

Another strength of the pharmacy is the pharmacy assistant, who may be familiar with the brands and will be able to advise - "you do not tend to get that in a supermarket environment in the health and beauty aisle". Part of the success of Predictor has been the counter display unit.

There may be some embarrassment, especially if the woman is a regular customer at the pharmacy and knows the staff well. It could, therefore, be worthwhile making sure that the tests are easily visible, preferably on open display and yet afford some privacy for the women to read the details. "To get

over the embarrassment factor, the tests have to be on display. It's quite important that the woman can pick them up and read the information."

The advantage of mid-stream tests is ease of use. "If it's a young girl who really hasn't anywhere to do the test, the last thing she will do is collect the urine in a cup. She wants it to be discrete." For that reason, the pharmacy should make sure that the pregnancy tests are displayed. "They have to be in a position where the woman can see the test, and be able to read it," says Ms Westcott.

Price issue

Predictor is a well known brand, and perceived by consumers and pharmacists as a premium brand, says Chefaro. In independent pharmacies, price is more an issue, and pharmacists are advised to offer consumers a large choice.

In addition, Predictor is now in a specially-priced pack, repeating the price promotion which ran last winter. Consumers can save £2 on the double test pack, and £2.30 on the single test pack. The offer is supported by PoS material including a shelf edger and Predictor's educational leaflet 'So you want to have a baby'.

To a male, having a multiple pack size may seem a bit surprising. But Ms Westcott explains that many women who buy these are actually planning for a baby, so will buy a double pack to test every month. Other purchasers, even while knowing that the tests are so accurate that one test is sufficient, want a second test for reassurance.

Another company expanding its pregnancy testing range earlier this



Chefaro's Predictor is currently price promoted



UniChem's Professional Pregnancy Test Kit provides 20 tests

year was Kent Pharmaceuticals with the launch of its Early Bird/Treble Pregnancy Test Kit. The company explains the rationale behind this move as the number of women who take more than a month to conceive.

One in six couples experience difficulty conceiving, and even in fertile couples, the chances of achieving a pregnancy in a woman's cycle is only about 25 per cent. Kent Pharmaceuticals says it is apparent that about 40 per cent of women try for a number of months before conceiving, so the treble test pack provides convenience. In addition, any test remaining after a positive result can be used to confirm the first one.

The treble pack joins the Early Bird single and double test packs, which grew by over a third last year, says the company. In addition, the livery of the three kits was integrated to fuse branding and PoS material. This should appeal more to those who do not have a strong affinity with any brand.

Earlier this summer, UniChem launched its professional pregnancy testing service, following the success of its own-brand home pregnancy test kits. The UniChem Professional Pregnancy Test Kit has 20 immuno-assay reaction discs which identify levels of human chorionic gonadotrophin in urine.

Discreet service

The service is aimed at women who may not feel confident about performing a pregnancy test themselves so may be "reassured to know that the pharmacist can carry out the test correctly and provide a professional and discreet service within just a few minutes," says Vicki Martin, UniChem's own-brand marketing manager.

Carter Wallace's Answer home pregnancy test was launched in time for the alleged month of fertility. Seen as complementing its First Response pregnancy and ovulation tests, and Discover Today priced competitively against premium products, Answer has been launched "to offer consumers an economy dip and read test".

Answer entered the market at a time when 'value' pregnancy tests are growing at 30 per cent year on year,

increasing their volume share by 34.7 per cent from 31 per cent in the year to March 1998 to 35 per cent to March 1999. Unit sales for the pregnancy test market also grew from 1.84 million to 2.17m in the year, or up 17.7 per cent (Information Resources, market review, March 1999. Total GB units, excluding Boots).

In addition, Carter-Wallace says Answer will appeal to those consumers who prefer dip and read to one-step mid-stream testing as it gives them more control over the testing process.

Clearblue from Unipath still dominates the home pregnancy test market. It claims a 57 per cent value and 50 per cent volume share in multiple pharmacies (excluding Boots, IMS May 1999) and a 45 per cent value and 37 per cent volume share in independents.

Since April, Unipath has been spending £2.5 million on a seven month consumer television and radio campaign, as well as advertising in

women's toilets at large shopping centres.

With regard to Persona, Unipath's ovulation monitoring kit, the company's Scott Jefferson says "it's doing well". It has a regular and loyal user base. "It's found a level where we have a regular weekly or monthly sale, which has been constant for some time." And as for the controversy about its launch and questions over its accuracy in predicting 'safe' times for women to have sex, Mr Jefferson comments: "It's been out of the limelight for some time now."

Unipath has also seen the re-launch of its Clearplan Home Ovulation Test, designed to tell women users the best two days in which to conceive a baby. The company claims it shows 99 per cent accuracy in laboratory tests, and gives a result in three minutes. The blue result lines have better definition, too.

The relaunch has given Clearplan a new pack design, as well as point of sale material for the pharmacy.



Carter-Wallace launched Answer earlier this year

Supplying the one-stop test shop

Pathology Management Company appears to be one of the key players in the recent pharmacy testing revolution.

Supplying tests to the Vantage CHS scheme and the UniChem service, as well as to Moss Chemists, AAH/Vantage pharmacies, Superdrug and Safeway pharmacies plus 158 independent pharmacies in Eire, the company comes with a respectable ten-year-old history of supplying clinical pathology tests.

From the consumer's point of view, they are guaranteed a 'one-stop shop' for all their tests, which use specialist laboratories.

Managing director Michael Smith describes the company as a pathology broker - organising over 100 assay testing services for the medical arena, including 120 NHS laboratories, and providing health screening direct to the public. About three years ago, it brought risk assessment to the public. This is a way of targeting healthy people, who do not ordinarily go to the GP, he says. By putting the tests in the public domain, people can be encouraged to take more interest in their health, he believes.

PMC decided to implement a system in pharmacy in which the pharmacist is trained in offering advice alongside health risk assessment tests. It was felt important that these tests should already be validated so that the testing was *bona fide*, and that they should not invoke fear in the patient. This rules out testing for HIV or cancer markers.

The tests are designed to use a

finger-prick of blood, collected by the pharmacist, or urine which the patient can bring to the pharmacy. This is sent off to PMC and a result is available in about three days. This is ordinarily sent back to the pharmacist, who then contacts the customer to discuss the result. If this is not practicable, PMC can send the results direct to the patient with background information to help the patient understand the significance of the result.

There is also a range of in-store tests, such as a machine to measure cholesterol in blood. However, the cost of the machine has slowed uptake. A more successful near patient test is for *helicobacter pylori*. This is intended as a professional service the pharmacist can offer, particularly as the pharmacist will be aware of what medication a patient is buying or having prescribed.

Above all, stresses Mr Smith, "the advice the patient gets has to be consistent". For this reason, the company provides some tests for sale directly off the shelf which the patient takes home and sends off for analysis, and to which PMC will provide the counselling. One such 'service in a box' is for osteoporosis. The consumer collects a urine sample at home, sends it to PMC then calls a freephone number for the results. This stops the results being given directly to the patient without any counselling, "and if we see something important, we can refer them on ... we always provide freephone helplines for the consumer and the patient".

Other tests PMC is supplying

through pharmacies are for allergies - this has British Allergy Foundation endorsement - and blood lipids and cholesterol. It is to launch a 'do-it-yourself blood group in a box' and three other tests "soon".

The main criteria for selecting tests to be available through pharmacy is that they identify risk, and do not diagnose. "We do not want the medics thinking that we are diagnosing or that they will get hoards of patients attending the surgery." The tests can give pointers to uncomfortable symptoms, such as allergy, and may act as a guide to future life.

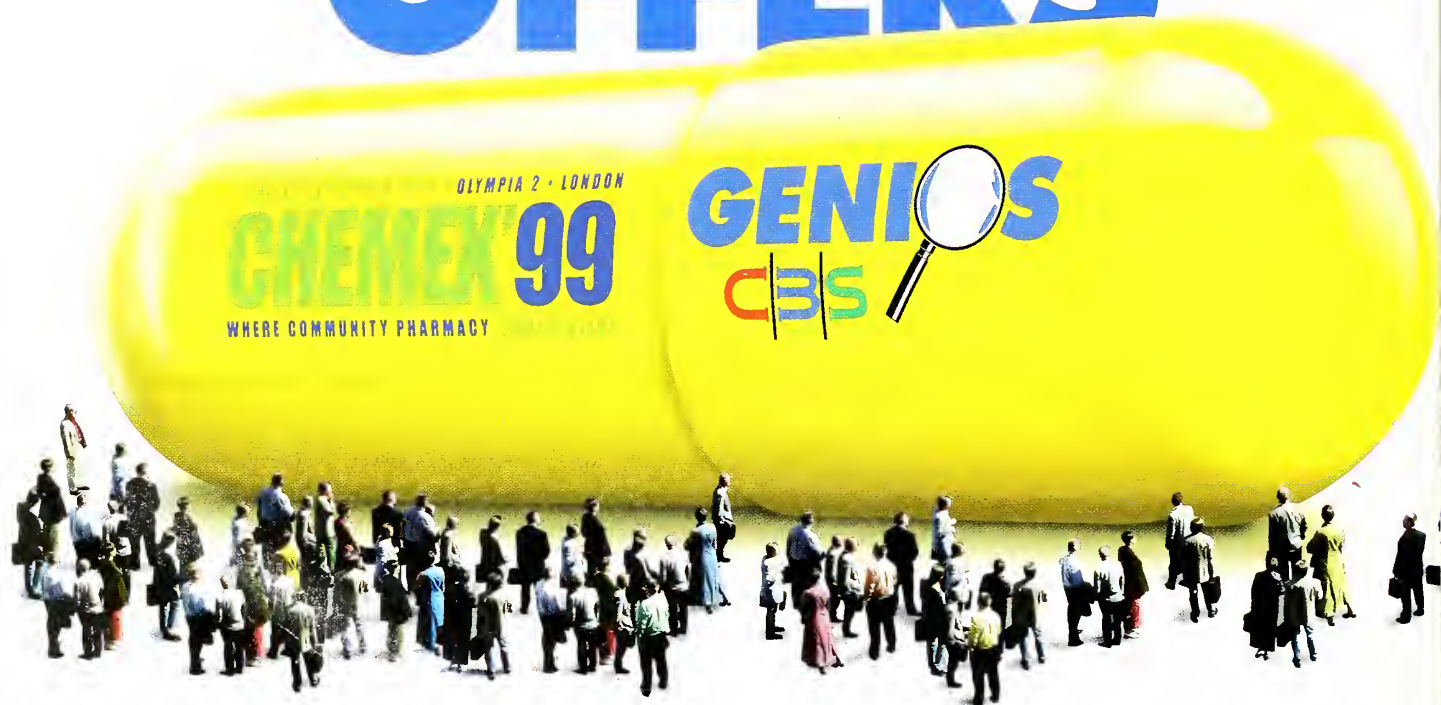
Although Mr Smith is keen to promote the service, he says the tests are not appropriate for all pharmacies. The pharmacy has to have a suitable area for testing and counselling and the pharmacist has to be committed - there is a very full day's training involved and a lot of background reading to do. If a pharmacist wants to provide health risk assessment testing, and is not a member of any of the pharmacy group schemes, they will also have to pay a course fee, currently of £140 for the day. This would include some literature and PoS material. PMC also insists that pharmacists have a hepatitis B vaccine as they will be handling blood and urine samples.

Mr Smith sees no reason why counter assistants should not be trained to conduct the tests, but "ultimately, the pharmacist is there to give advice".

Of course, it is possible to use the

Continued on P25 →

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tests to bring people back into the pharmacy over the long term. For example, women using HRT could use the osteoporosis kit to assess how successful their treatment is, or patients on lipid lowering diets or drugs may want their blood levels monitored.

Costing for the service takes into account the static costs such as pharmacists' time, laboratory time costs, and reagent costs. "We also set specific margins to ensure the pharmacist and PMC get a margin and we also try to make it at least half of what a patient would pay in a private hospital.

Mr Smith is happy to deal with any questions about PMC training and test kits. He can be contacted on 0800 980 33737.

● National Pharmaceutical Association members interested in setting up a health risk assessment service may want to try the training day the NPA is arranging with PMC.

The course, on October 28 at the NPA headquarters in St Albans, will outline the professional and business requirements for providing tests, as well as looking at the individual tests and their implications for health. The course will cost NPA members £80.

● UniChem has teamed up with PMC to offer its members the chance to offer diagnostic testing.

The costs of training and marketing are covered by UniChem but there is a £140 fee for a start up pack of equipment. For the first pharmacists who attend, UniChem is also offering a free Pathology PoS kit to help the pharmacist promote the service to customers and GPs.

"It's profitable, professionally satisfying and attracts new customers," says UniChem.

Training is run by PMC, which provides a half day pathology training seminar that requires a £50 deposit from the pharmacist. Contact UniChem's hotline on 0171 371 0404.

PMC is also behind UniChem's osteoporosis risk assessment kits. Pharmacists ordering a pack of five kits from PMC through UniChem will receive an information pack from PMC giving detailed information on how to use the tests and provide appropriate advice and counselling to an interested customer.

UniChem's marketing controller, Peter Skinner, sees this as a significant first from the company. "This test provides another opportunity for pharmacists to become involved with their customer's healthcare on a closer, one-to-one basis, thus reinforcing their position as a primary healthcare specialist.

"It is a welcome addition to the pharmacist's portfolio of diagnostic testing."

Going one step further: setting up an anticoagulant clinic

Providing health risk assessment tests may be professionally rewarding for many pharmacists, but Noel Dixon, who is involved with running a community pharmacy anticoagulant clinic, believes that pharmacists should add medicines management into the equation.

Mr Dixon is a partner in RDH Ltd, along with Andrew Radley and John Hall. The three pharmacists have become consultants on primary care anticoagulant testing and run clinics through the Dixon & Spearman pharmacy in Stanley, County Durham, an outreach clinic in Washington, Tyne & Wear, as well as in two GP surgeries.

Although health screening can be part of the pharmacist's role, it has little to do with medicines, Mr Dixon argues. "There is nothing to stop a nurse taking on that role. But if you link screening with medicines management, and you get the agreement of everyone locally, there's no reason why pharmacists should not do it ... Pharmacists definitely have a role in interpreting results ... but I do not think that health screening is using pharmacists' skills fully."

Mr Dixon believes it will not be too long before pharmacists' time is freed up so more time can be spent away from the dispensary bench. "The Society has agreed that the pharmacist who has seen a prescription does not have to do a final check, and the NPA has done a study on repeat dispensing.

"There's a shortage of doctors and nurses and pharmacists, but we could release up to 80 per cent of our time, which will leave us free for simple, uncomplicated cases." GPs would still look after more complicated cases.

The testing started in the early 1990s when John Hall joined Dixon & Spearman from hospital pharmacy. He wanted to continue the anticoagulant clinic he had in hospital. A Linstead Award from the Royal Pharmaceutical Society allowed a feasibility study, and a Department of Health grant allowed the clinic to run for 18 months at the request of Sunderland Health Authority.

As Mr Dixon points out, the hospital clinic, as in many parts of the country, was under a lot of pressure, so Sunderland Health Authority felt able to continue supporting the clinic in the community.

Clinics take up half a day per week and patients are seen every four to six



Noel Dixon in the consulting room where the anticoagulant patients are monitored



John Hall consulting an anticoagulant patient

weeks. They are tested using the Roche Diagnostics CoaguChek, which only requires a finger-prick blood sample and gives the results within minutes.

Mr Radley and Mr Hall have written a training manual giving the clinical background to anticoagulant therapy and monitoring, which provides 30 hours of learning, accredited by the College of Pharmacy Practice and the University of Manchester.

"We feel that the evidence for pharmacists to run anticoagulant clinics is overwhelming," says Mr Dixon, explaining there is a lot more variety in access times as well as the availability of domiciliary visits, for example. "The clinics are made for pharmacists. We have all the background training. It's up to pharmacists to get into the ring."

RDH went to the NPA for help as it was having difficulty in making its voice heard. The NPA advised that the best way forward was to make an

information pack. This is nearing completion and includes help on how to calculate numbers, work out what additional burden there will be on the business, setting out contracts and advice on how to approach doctors and others. It should be used alongside the training manual, supported by Roche. It is hoped the package will be released in the next few weeks.

The service pays for itself - "the biggest outlay is time", says Mr Dixon. In addition, as patients require regular monitoring, they come back and see you on a one- to two-monthly basis, which means the pharmacist establishes a good relationship with patients. A recent survey by Sunderland HA on the outreach clinic also found high levels of patient satisfaction.

Pharmacists interested in establishing an anticoagulant clinic are recommended to obtain the NPA

Continued on P26 →

→ Continued from P25

guide and training programme. They could also speak to their Roche rep, and RDH can provide accredited training.

"Pharmacists then need to get together in groups as they will need to bid for a contract in a primary care group in the same way that you do for rota duty," suggests Mr Dixon. "We think it would be best for pharmacists to be marketed through the local pharmaceutical committee so that you do not have any one company trying to grab the lot."

Building a consulting room should not be too expensive, and the service should help pay for the space taken. As it must also be easily accessible to disabled people, particularly as the patient group will tend to be elderly, "don't consider an upstairs room".

It is also necessary to have an accurate and reliable machine to measure the blood samples with. RDH has quality control and quality assurance parameters for each clinic, which includes having the machine checked independently twice yearly.

Patients are referred by the GP, but patient record review may throw up anomalies – one patient was found to be on warfarin after seven years, although it had only been proposed for six months.

"We would really like to develop the service for all the people in this area, but that's a decision to be made by the PCG," says Mr Dixon. "Some of these hospital services are really stretched, so it is not a case of taking the bread out of people's mouths."

Diabetes is quite complex and is linked to a lot of other people, such as the optician, chiropractor, dietician, diabetologist, nursing staff and GP. "Anticoagulants are seen as quite dangerous, but if you can do this, you can do most things. That's our role, simple, uncomplicated medicines management."

● Pharmacy Alliance, the network of community pharmacies created by UniChem to deliver medicines management programmes, is developing a community pharmacy-based anticoagulant service in conjunction with Roche Diagnostics and RDH Ltd.

● Mr Dixon and his colleague John Hall from RDC Ltd will be presenting the NPA seminar at Chemex on September 5. The presentation will look at important professional and business planning issues, as well as issues such as capital investment, training and benefits. The seminar will take place at 12 noon in the Chemex Seminar theatre, upstairs at London Olympia 2, between the Concept Shop and the Chemist & Druggist/Miller Freeman Pharmacy Group stand.

Testing, testing, 1,2,3: the Community Health Services scheme

One of the schemes supporting pharmacists in providing health risk assessment services is AAH Pharmaceuticals' Community Health Services programme.

This has entered its second phase, with the number of participating pharmacists doubling to over 60, and a further 90 have expressed an interest in training. Pharmacists are encouraged to take on the whole package, which includes tests for astenoparasis, *H pylori*, blood lipids, allergy, blood glucose screening, blood grouping and heart health and life style assessment.

AAH professional services manager Mandeep Mudhar points out that it may not be practical or desirable to allow all pharmacists to offer the tests, and certain criteria apply when recruiting pharmacies into the scheme. "The scheme will be driven by the pharmacist's enthusiasm," says Dr Mudhar. "The pharmacist must be willing and motivated as it will be the pharmacist who takes responsibility of running the service. They should also have a good relationship with the GP." It is also desirable, although not strictly necessary, that the premises has a private consulting area.

CHS is operating throughout the UK, out of pharmacies which serve 'typical' populations. There has been a lot of interest in Scotland, where pharmacists seem more willing to embrace new ideas, and where they are actually taking on a lot of the new roles, says Dr Mudhar. "I also get the feeling that the relationship they develop with the GP is on a much firmer basis in Scotland. The issue of heart disease and cholesterol is very strong at the moment, so, naturally, there's a lot of interest."

As it is a new service, AAH, like other organisations and companies offering similar services, is trying to increase consumer awareness. Users of the service were women initially, but Dr Mudhar says they are now seeing a trend where partners are coming into the pharmacy. Raising awareness has also seen pharmacists promoting the service by visiting offices, schools, health fairs (especially over the allergy tests), gyms and health clubs, as well as contacting the local press.

Dr Mudhar points out: "We have been careful never to call the service 'diagnostic' testing as that is one thing that bathes the GP. The nature of the tests are life style risk assessment and health screening. We emphasise this to the pharmacist and the major emphasis is an life style risk assessment."

Response from the public has been much more positive. The public are surprised to learn that allergy testing is available, as well as discovering that you can get these tests from the local pharmacy. Pricing of services has not been seen too much as a barrier, as people are prepared to pay a small fee for looking after themselves. However, people are not always willing to spend the money, so it is hoped that as the service becomes established prices will come down.

As far the future, AAH is looking to increase the range of tests on offer. One possibility is for cystitis. Whatever is chosen, they will have to have consumer appeal while not upsetting GPs, says Dr Mudhar.

Pharmacists interested in finding out more about CHS are invited to contact Dr Mudhar at AAH or speak to the AAH sales force business managers.



Renuka Gulati: pleased to have joined the CHS scheme

Case history 1

Renuka Gulati was inspired to join the CHS scheme while completing her diploma in clinical pharmacy at Keele.

She has been offering the testing services in her Twickenham pharmacy, south-west London, since May, and welcomes the opportunity to offer a new service. "This is the role we are right for," she says. "We can get so bogged down in the dispensary that we forget what's in the White Papers."

Although it is not necessary to complete a diploma to offer the services, Miss Gulati says that studying for two years has helped give her the confidence to take on the service. It

also shows that if you can make the time to study, you have the discipline to make time to do other tasks rather than stay in the dispensary.

The two most popular tests are cholesterol/lipids, with people more aware of the problems of blood levels and wanting a better quality of life; and allergy, reflecting the increasing incidence of allergy.

Most of Miss Gulati's regular customers are elderly. They appreciate what the tests can offer, but are more prepared to wait for a free test arranged by the NHS. A potentially more important customer base is that of the young(ish) professional/semi-professional who does not normally visit the doctor and wants the convenience of being able to call in at

the local pharmacy in their lunch break. As such, Miss Gulati has targeted local businesses by writing a letter to the various nearby offices outlining the service.

Despite Miss Gulati's enthusiasm, the local doctors have, at best, been indifferent about the prospect of health risk screening tests being offered in their vicinity. She was particularly frustrated that there had been no feedback from the GPs, who indicated five years ago that such tests could mean competition for them. They also give the impression that they do not think pharmacists are skilled enough to offer tests.

Before starting the scheme, Miss Gulati wrote to doctors, the health authority and the primary care group outlining what CHS offers. What feedback there was indicated that the GPs were not keen. At the end of July, a few months after starting the scheme, Miss Gulati made a presentation to the PCG, partly with the support of the chairman who is the only one of the 20 GPs in the group to offer anticoagulant checks. The doctors are still concerned that the message given to patients from the various health professionals may not be consistent, prompting Miss Gulati to comment that she did not think they were ready to take this scheme on. One doctor asked if the pharmacist is able to do some tests, why not all of them?

However, it is hoped the primary care pharmacist will liaise between the pharmacy and the PCG. He has already shown an interest in the anticoagulant clinics, which Miss Gulati is keen to pursue.

Case history 2

A pharmacist who was in the first wave of providing health risk screening tests is Raymond Anderson, who provides the service through the family business in Portadown, County Armagh.

Mr Anderson started ten years ago when cholesterol came into 'vogue'. "We offered testing for a few years while it was very high profile, but it then lay dormant as there was less coverage," he says. After reading about the new roles pharmacists could have he was inspired to re-enter health risk assessment, but he was not sure how he could implement the testing while giving a more rounded service.

Having dealt with AAH over the years, he expressed interest in the CHS scheme and was selected as one of the pilot stores.

Getting the public used to the idea of a pharmacy providing such a service is not necessarily straight forward. "It's very difficult to just put this in front of people and even if you do, people do not see it," he says. As such, he arranged for an article to appear in the local newspaper.

He has also noticed a fall in interest as summer drew near - whether this was because people had lost interest or because the better weather meant people felt better in themselves so became less interested in ill health, he is not sure.

Allergy testing is successful, though. A seasonal problem for many saw increased interest in allergy testing, and one spin off has been that the local health food store is referring customers over for testing.

There is some referral from GPs, but this may be because Mr Anderson also offers a travel health advice clinic. Regarding the health risk screening, Mr Anderson says: "It's a case of where pharmacy has to prove itself before it will be accepted by the medical fraternity."

Besides allergy testing, he offers cholesterol, osteoporosis tests, blood pressure monitoring and the heart health assessment. He also monitors diabetics.

"On the professional side, it's adding value to the service we offer," he says. This should also help support the pharmacy strategy being drawn up by the Department of Health, he believes. "Pharmacists are in the community - we are there and we are a point of contact. With the good will of the public, and less and less being offered from GPs with restricted budgets, there may be a role for pharmacists for risk assessment testing and giving people more information."

Customers are not asking for other tests at the moment, but Mr Anderson says they need time to see this as the norm, just as they now take patient medication records for granted.

"Gradually it has become expected

and the level of expectation has risen. It all comes down to the trust being built up between the pharmacist and the patient."

It's not about being in competition with the doctor or nurse, though. It is important to let other health professionals know what you are doing, he says. "If you have a relationship with the GP, but they are not keen, it might not work out, but if they are keen, work with the patients to build up that trust and relationship. It's a matter of how loud we should shout about the services we are offering ... You do need to find a way that does not

undermine the doctor or nurse."

He also advises making use of your programme partner, in his case Vantage, because it will have done the background research.

As for the public wanting to pay for these services, Mr Anderson agrees there is still a reluctance, but people are starting to realise that the health service will not be able to offer all of its services for free. "How long it takes will depend on the changes in the NHS and how many PCGs see it as an opportunity," he says. "It's still early days. It needs two to three years to see if it will take off. My hope is that it will continue."

Lithium powered Salter scale
Salter has launched a long-life lithium powered electronic scale, model 986, supplied with a replaceable lithium battery that lasts up to five years. The scale measures in 100g or 1/4lb graduations, weighing up to 150kg or 330lb, and has a 1 inch LCD display.

Salter Housewares Ltd.
Tel: 01732 354828.

Salter weighs in again
Salter recommends its Salter Academy 100 personal scale for use in clinics and health centres where people need to record weight accurately. It weighs up to 23.5 stones or 150kg and uses an "extra large" dial to display the weight. It is guaranteed for ten years.

Salter Housewares Ltd.
Tel: 01732 354828.

Milward Steri-Lets
Entaco Ltd will be issuing its Milward Steri-Let 28 lancet in the autumn, for use in collecting finger-prick blood samples. Entaco says availability of the finer needle follows the success of its 23 gauge product launched last year. The 28 gauge product will be compatible with most of the UK finger pricking devices, says Entaco.

Entaco Ltd.
Tel: 01527 852306.

Heartbeat impulse machines
Heartbeat (UK) supplies a variety of self test machines for use in-store including stress and heartbeat machines. Machines are provided at no cost, but income is split 50/50 between the site owner. Heartbeat provides a free cleaning and maintenance service and will consider renting a concession space.

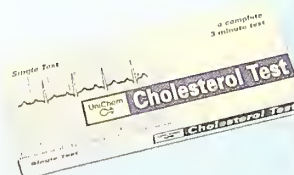
Heartbeat (UK).
Tel: 0181 203 6228.

Breathing easy
Clement Clarke International believes its new product should help pharmacists monitor asthma patients more effectively. As patients may not be told how to use an inhaler by the doctor, it is up to the pharmacist to

ensure they know what to do. The best way of doing this is to measure technique and performance, and CCI believes its device, which measures inspiratory flow, should help as it can mimic most of the available inhaler devices.

Clement Clarke International.
Tel: 01279 414969.

UniChem cholesterol test
UniChem has launched an own-brand cholesterol test for use by patients at home. Using a finger prick



of blood on a test card, the developing colour relates to the level of cholesterol present in the blood. The UniChem Cholesterol Test retails at £6.99, offering a cash profit of £2.08.

UniChem Ltd.
Tel: 0181 391 2323.

Braun meets standards
Braun recently announced its VitalScan blood pressure meter had been successfully tested and complies with the British Hypertension Society revised protocol and the revised standard of the American Association for the Advancement of Medical Instrumentation. These bodies set the accepted standards for sphygmomanometers. Braun supports its blood pressure meters with a free-phone helpline on 0800 3898201.

Times pregnancy tests
Times Healthcare launched four pregnancy tests in June. The First Test is a one-strip dip stick pregnancy test also available as First Test Professional with 20 strips. Yes or No comes with one or two mid-stream tests.

Times Healthcare Ltd.
Tel: 0181 868 5252.

Colgate

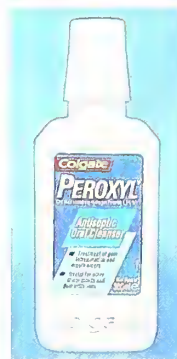
Everything you need to know about ...

Oral first aid

Mouth ulcers are the most common oral care problem presented to the pharmacist. You may, however, be asked about less common conditions such as:

Soft tissue damage: this includes bites, burns, abrasions and general soreness, as well as oral injuries following surgery or sports injury. Colgate Peroxyl mouthrinse contains hydrogen peroxide which helps to reduce risk of infection and discomfort.

To avoid secondary infection, an antibacterial agent such as chlorhexidine gluconate, found in Colgate Chlorohex 2000 and Chlorohex 1200, is useful, particularly if trauma and pain prevent toothbrushing.



Candida infections: a chlorhexidine rinse can be used to soak the denture and cleanse the mouth. A chlorhexidine rinse can also help sufferers of oral thrush.

Gum problems: these include bleeding gums and gum inflammation, bad breath (halitosis). Plaque bacteria is the most common cause. Systemic antibiotics may be advised for acute forms of gum disease. Improved oral hygiene, including interproximal cleaning with floss or a specialist brush, will help reduce the inflammation and bleeding. Chlorhexidine rinses are effective in controlling plaque, and the daily use of an antibacterial toothpaste such as Colgate Total can help prevent gum disease.

Problems with teeth: broken or avulsed (knocked out) teeth may be reinserted. Advise the customer to retain the tooth in milk or saliva and seek urgent dental treatment. For teething problems, teething gels offer short-term localised pain relief, while paracetamol liquids may alleviate discomfort.

If you require leaflets and other literature on these conditions, contact Colgate Oral Pharmaceuticals, Guildford Business Park, Middleton Road, Guildford, Surrey GU2 5LX (tel: 01483 464464).

Product information:
Colgate Chlorohex 2000. Active ingredient: Rinse containing 0.2 per cent Chlorhexidine Gluconate. **Main indication:** Aid in the treatment and prevention of gingivitis and maintenance of oral hygiene. It is also useful in the treatment of common mouth ulcers, denture stomatitis, oral thrush (candidiasis). **PL:** 0049/00044. **Price:** £5.89.
Colgate Chlorohex 1200. Active ingredient: Rinse containing 0.12 per cent Chlorhexidine Gluconate. **Main indication:** Prevention and treatment of halitosis and gingivitis. Reduction of plaque and maintenance of oral hygiene. **License status:** GST. **PL:** 0049/00035.
License holder: Colgate-Palmolive (UK) Ltd, Guildford, Surrey GU2 5LX.

Pharmacy on tour

James Powell tours the country offering pharmaceutical services to hundreds of thousands of people at outdoor events with his Medicine Man pharmacy. **Steve Bremer** met up with him at the Royal Fairford Air Tattoo

Powell's Pharmacy in Smallfield, Surrey, is on the route of the London to Brighton cycle ride. Three years ago, Mr Powell decided to open his shop on the Sunday of the ride and see how many of the 30,000 passing cyclists would visit his pharmacy. A successful trading day persuaded him that pharmaceutical services at outdoor events would be well received. Medicine Man pharmacy was born.

Medicine Man was booked into eight agricultural shows when it was launched at the beginning of the year. "Our fame just spread from there - we now find people come to us," says Mr Powell. By the end of this summer, the pharmacy will have visited 21 outdoor events, ranging from the Bristol Balloon Fiesta to the Burleigh Horse Trials. Visitors to these events, and potential pharmacy customers, will total over 3.5 million.

Since the Royal Pharmaceutical Society does not recognise a 'mobile' pharmacy with wheels, Mr Powell practises from a Portakabin unit. The rented unit is transported around the country by the Portakabin company, while Mr Powell transports the stock himself.

Once the unit is set up, orders are placed twice daily with UniChem. The wholesaler has been "bending over backwards" to make deliveries quickly and efficiently, says Mr Powell. To help customers cope with the noise from the jet aircraft at the Fairford Air Tattoo, UniChem delivered 1,000 pairs of earplugs after the event opened on a sale or return basis.

Practising from the Portakabin is similar to working in a standard pharmacy. The unit complies with all the Society's professional requirements - it has a fridge, sink, electricity, running water and even a consultation area. The pharmacy does not provide NHS dispensing as there is little call for this service. Many other pharmaceutical services are on offer, including blood pressure



James Powell inside the Medicine Man Pharmacy

monitoring and blood glucose testing at certain events.

The unit is registered as a pharmacy premises at most events, but this process does not always go smoothly. It takes up to six weeks for the paperwork to be completed, and for some events it has not been ready in time. If a pharmacy licence is not obtained, Medicine Man operates as a drug store, with all Pharmacy medicines removed from the shelves.

Hard work

Medicine Man involves longer and more erratic hours than a standard pharmacy. Having been at the Royal Welsh Show until 9pm the previous evening, Mr Powell arrived at Fairford to prepare for business at 2am in the morning.

Despite the long hours, Mr Powell is enjoying his new venture. Job satisfaction is "immense... I love it - it's a wonderful job". The extended professional role is preferable to the traditional dispensing tasks. "I have felt for a long time that pharmacists shouldn't be sitting in dispensaries - their job is out the front."

Merchandising is particular to each event - at the rural shows, hay fever remedies feature prominently, while at Fairford, sun tan lotion and film are in the most eye-catching positions.

Overall, the most popular lines are sun tan lotion, hay fever preparations, analgesics and anti-diarrhoeals.

There are "six secret ingredients" necessary for a successful event. Three of the ingredients are: 100,000 people attending, outdoor summer events and people wandering around rather than static. The other three factors remain a closely guarded secret.

Medicine Man was invited to attend the British Grand Prix this year, where 100,000 visitors were expected, but the invitation was declined for two reasons. The first reason was the £12,000 site fee, but Mr Powell also felt the potential customers would be too static. There would be short purchasing 'windows' before and after the race, but most visitors would be too busy watching the track to visit the retail outlets.

The average site fee is about £1,000, but it can vary from £350 up to nearly £2,000. The most expensive site visited this year will be the Bristol Balloon Fiesta. However, this is considered good value for money as it is a four or five day event, open until 9pm and is expected to attract half a million visitors.

Pharmacy is a popular service at most events and Medicine Man is usually offered a good site. At Fairford the pharmacy was close to the

control tower, the on-site medical facilities and next to the first aid tent. "Fortunately, most of the shows we go to want a pharmacy and are keen to see us there," says Mr Powell.

Sponsorship

The pharmacy is sponsored by OTC medicine manufacturers. This sponsorship is "important and essential - without it the business couldn't have been set up". Advertising is in the form of promotional boards in front of the pharmacy and on its roof. Sponsors recognise that their advertisements will be seen by about 5 per cent of the UK population over the summer.

Although it may seem a novel idea, Medicine Man is not the first pharmacy of its kind - Lloyds, for example, has a pharmacy at the Wimbledon tennis tournament. One of the advantages is that it increases the profile of pharmacy. "I want to promote pharmacy as an accessible profession," says Mr Powell.

The business is set to expand next year, with three pharmacy units visiting 40 events. It will employ locums to staff the pharmacies, with a 'manager' for each unit to co-ordinate operations. Medicine Man is the first step in Mr Powell's five-year business plan. The plan is to build up the existing business and then start a new venture, but he will not give details.

Medicine Man stemmed from a need to grow a pharmacy business through alternative sources of revenue. Powell's Pharmacy is in a small town with a static population size. It has no competition from other pharmacies, so there was no obvious way to grow the business without "thinking outside the NHS box".

Although other pharmacists might be inspired to copy the Medicine Man idea, Mr Powell is unconcerned about competition. "I've got the top events and I'm a year ahead of everyone else," he says.

Medicine Man Pharmacy has its own web site at www.medicineman-pharmacy.com (this site will only work with current browsers).



5TH-8TH SEPTEMBER 1999 • OLYMPIA 2 • LONDON

CHEMEX'99

WHERE COMMUNITY PHARMACY COMES ALIVE

A talking blood pressure monitor

All eyes – and ears – will be on a new talking fully automatic personal blood pressure monitor on the A&D Medical stand (K16) at Chemex '99.

The new monitor features a clear, audible announcement of the systolic, diastolic and heart rate on completion.

It has a volume control, a socket for headphones and tells the user when the batteries are due for replacement.

The unit comes complete with carrying case, batteries and a two year guarantee.

● Almost 20 per cent of adults in the UK are in the borderline zone, or above, of hypertension, which is still the main risk factor for heart and circulatory diseases in the UK.

A&D Instruments Ltd.
Tel: 01235 550420.

Pocket pillbox

A1 Pharmaceuticals (stand D1) will be launching a pocket pillbox to complement its Pilbox Classic compliance aid.

The Pilbox Pocket is an ergonomically-designed compliance aid (trade £6.35, rrp £10.99).

The pillbox is displayed in a tower unit containing ten products.

● Other new products on stand D1 will include pocket-sized breath freshener and perfume sprays.

A1 Pharmaceuticals plc.
Tel: 0171 738 7373.

Pharmacies can help relieve pain during labour

Chemex '99 will provide the launch platform for Shire Medical (stand P20) to introduce its new TeNS pain relieving equipment for the relief of contraction pain during labour.

Freedom is a single hand-held unit, designed to fit comfortably into the palm, while providing easy access to the controls with the same hand.

TeNS (transcutaneous electrical nerve stimulation) is a method of drug-free pain control that uses low voltage electrical signals to block the transmission of pain around the body.

Many midwives recommend the early application of a TeNS machine at the onset of labour to help relieve pain throughout the delivery.

The equipment can be rented to pregnant mums by pharmacies, without any capital outlay or stock holding requirement.

Shire Medical Ltd.
Tel: 01827 711141.

Visitor hotline

For free tickets, call the Chemex '99 hotline: 01203 426526 or fax: 01203 426519

NPA seminar will focus on professional development

Would you like to expand your pharmacy business through professional development? If so, it will take careful planning to ensure any chance of success.

The NPA is inviting two guest speakers to Chemex '99 to present a seminar on starting and operating new pharmacy-based professional services on Sunday, September 5, from 12 noon to 12.30pm.

John Hall and Noel Dixon of pharmaceutical consultants RDH Ltd will examine key professional and business planning issues that pharmacies should take into account before diversification (see also p25).

The seminar will cover capital investment to modify premises, staff

training and the benefits of establishing and providing clinics, in addition to the core NHS business.

Georgina Craig, the NPA's head of professional development, says: "We recognise that there are lessons to be learned from the experience of pharmacists like John Hall and Noel Dixon."

"Pharmacy-based clinics are a real example of how community pharmacists can fulfil their potential through professional development. It is hoped that this seminar will provide a useful road map for others to follow."

● 'Legal Headache? Come to us for OTC Advice' is the theme of the Charles Russell Solicitors stand in the NPA Village at Chemex '99.

Herbal range offers liquid assets

A new Healthaid range of liquid herbs will make its debut at Chemex '99.

Pharmadass will be launching Healthaid Herbal Liquids on stand M68.

The new range comprises 40 50ml liquid herbal extracts microfiltered for purity and potency. The tinctures are free from GMOs and only use sustainable wild crafted herbs, or plants cultivated without the use of chemicals, preservatives, herbicides, pesticides, fumigicides, or [unnatural] irradiation.

POS material includes leaflets and attractive natural wood display units.

● Pharmadass will also display new cosmetics lines from the US on its stand.

Pharmadass Ltd.
Tel: 0181 991 0035.

Free make-over by top make-up artist

Anyone who fancies being transformed by a glamorous new beauty look at Chemex '99 should make a beeline for the Paul Murray stand (R8).

Miners' own make-up artist, Caroline Donnelly, will be offering Chemex visitors the chance to have a free make-over between 10am and 5pm on Sunday, September 5.

She will be taking inspiration from the catwalk and introducing a collection of new cosmetics on the stand

Paul Murray plc.
Tel: 01703 268444.



Come to stand R8 for a Caroline Donnelly Miners make-over

Own-label products are going from strength to strength within the healthcare market, but consumers are not so price conscious when it comes to buying beauty products. Market analyst **Information Resources** reports

The power of own label

Sales of health and beauty products have been buoyant in the past 12 months - spending is up by 5 per cent, showing real growth of almost 2 per cent ahead of inflation. This growth is mainly coming from branded products as opposed to retailers' own-label lines.

Yet, while own-label brands might only account for 17 per cent of the health and beauty market in sales terms, they are performing extremely well within certain healthcare sectors. In some cases, they are the key drivers in market growth.

In the past year, own-label products have shown strong growth in healthcare, gastric and self-medicating products.

Healthy growth

The best performing sector for own label as a whole is healthcare (which for this analysis comprises of vitamins and minerals, sleeping aids, slimming aids and artificial sweeteners).

Last year, healthcare own-label brands accounted for over 28 per cent of the market value. This year, the figure has been boosted by over 3 per cent, thanks to an excellent sales performance that has outstripped the market and branded products alike. Own label turnover has increased by 11 per cent.

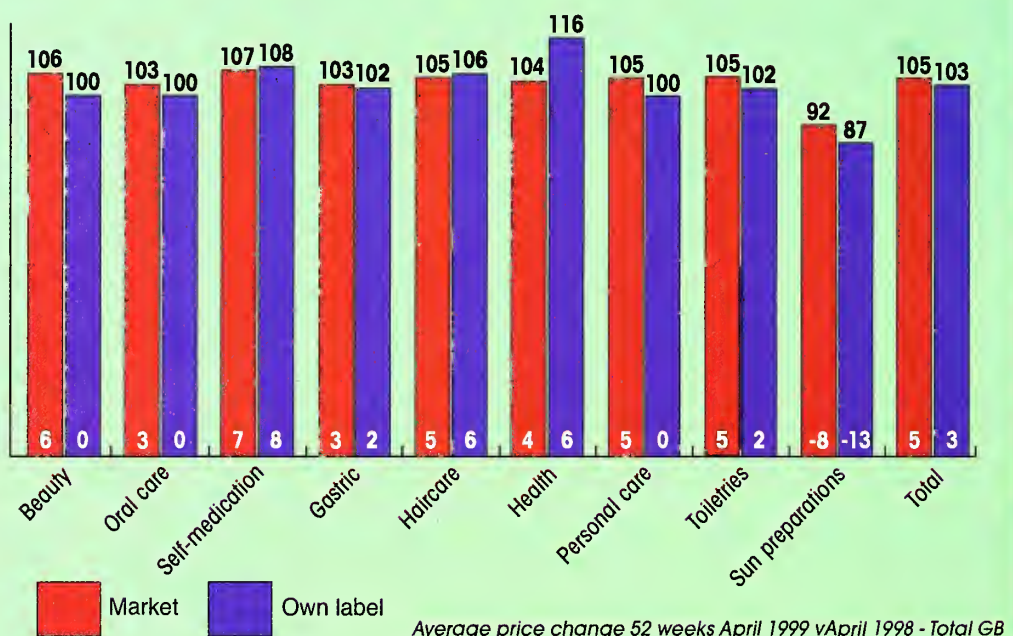
Own label vitamins and mineral products have driven this success. The growth in own-label VMS products is coming from a move to more upmarket retailer lines and ones that are priced at a premium level. The average price of own-label vitamins and minerals has increased by over 8 per cent in the past year - twice the rate of their branded counterparts.

Nevertheless, they are still modestly priced relative to the market average. Own-label products tend to be some 16 per cent cheaper than branded products. The price positioning of own-label products has drawn consumers into this area of the market and away from branded lines.

Overall, branded vitamins and minerals fell by almost 5 per cent in value in the UK for the year ending April.

Average prices change across health & beauty sectors

Index 100. 106 shows % increase of 6%



However, within independent chemists, the value of branded products fell by a much more modest 1 per cent and the volume, while down, fell at half the national rate.

This performance was not price led - nationally, branded vitamins and minerals saw average prices increase by 4 per cent, while in chemists it was marginally more modest with average prices up 3 per cent.

Although own-label VMS products have performed well overall, sales were down considerably in independent chemists, with value and volumes decline hitting double-digits. Coming from such a low base, this fall is significant. It could even be argued that due to the lack of competitive pressure from own label in this sector (own-label share accounts for 8 per cent of sterling sales), their level of demise is even more notable.

Spending up

The British public is spending more on self-medicating products than last

year, with decongestants and adult analgesics enjoying double-digit annual growth. Overall, the sector is up almost 9 per cent in value.

Retail brands account for 18 per cent of the value of this market, making it the fourth largest sector for own label within health and beauty.

Annual own-label sales increased by just under 5 per cent last year, making it a buoyant sector for retail brands. The strongest performance has come from adult analgesics and cough liquids, with spending up 10 per cent and 8 per cent respectively.

This own-label increase is coming through the leading grocery multiples, however, rather than the chemist sector (including Boots and Superdrug).

In adult analgesics, own-label products are up a more modest 2.7 per cent in chemists, while own-label

cough liquids have fared better, but still below the total market, with sales up 6.4 per cent.

Throughout the self-medication sector, there has been a move towards more upmarket, higher priced products and this has been particularly

prevalent with own-label brands.

On average, prices increased by 8 per cent for own-label products as opposed to 6 per cent for branded lines and this price movement has contributed significantly to market growth.

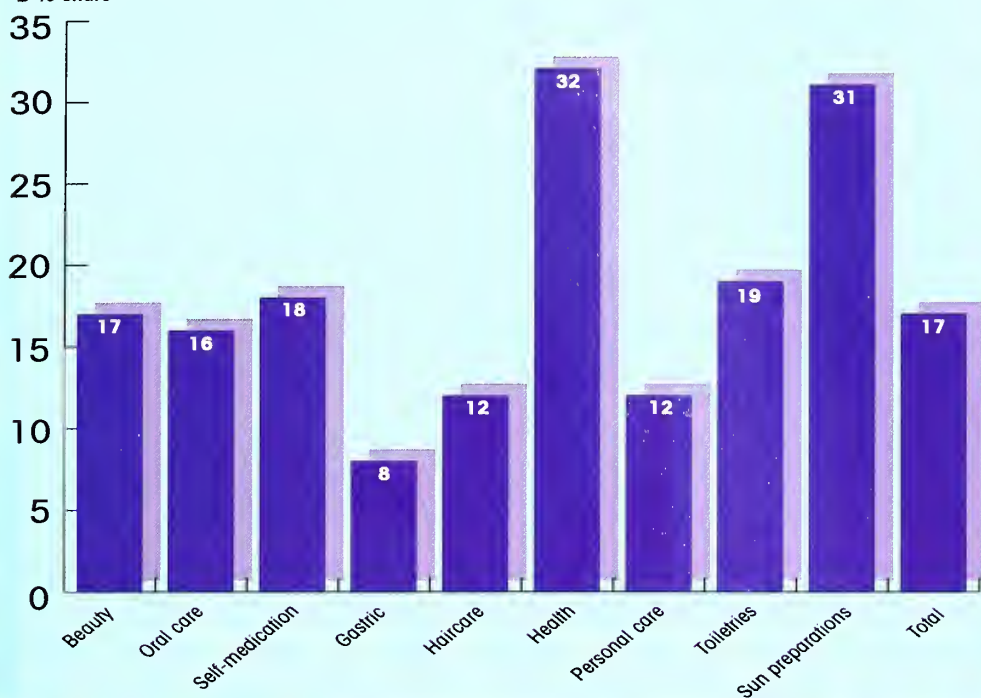
However, it's worth noting that the price differential between brands and own label is still substantial. On

"Own-label brands have their own position of strength in some individual markets"

Own label performance in health & beauty

Total GB value share %

£ % share



52 weeks ending 18 April 1999

average, branded products are priced at a 10 per cent premium above the market, while own-label products tend to be one-third cheaper than the market average.

Although this gap is narrowing, it still has a long way to go before it is on the same playing field. In the consumer's eyes there is still a definite preference for the branded product.

Even in adult analgesics - the fastest growing own-label sector within self-medication, own-label products only account for one-quarter of the market value.

In cough liquids, it is even more marked - own label has increased by 8 per cent in value in the past year but in share terms it accounts for less than 17 per cent of market spend.

Own-label strength

Own-label brands are not always the consumer's second choice. They have their own position of strength in some individual markets.

In volume terms, for example, own-label brands account for over half of all make-up removers, toners and fresheners, liquid soaps and bath liquids sold in the country.

In other markets, own-label brands can boast volumes of over 35 per cent, sufficient to make them bigger than the leading brand in the sector. These markets include body products, cold creams, facial cleansers, eyecare, lip salves, mouthwashes, toothbrushes, adult analgesics, plasters, suspension anti-diarrhoea products, vitamins and minerals and soaps.

However, own-label brands have not performed so well in the rest of the health and beauty market, and

branded products have continued to build on their relatively dominant position of 84 per cent market share and rising.

In the year to April, branded products increased sales by 6.4 per cent, almost a full 2 per cent ahead of the market as a whole and by almost 10 per cent against own-label products.

Cosmetic difference

There is a marked difference in the minds of consumers in the way that

they have chosen to more readily adopt own labels in health related sectors, in comparison to the cosmetic and toiletry side of the market.

Sales of beauty products increased by 10 per cent in the year to April, making this the fastest growing sector within the entire health and beauty market. Leading the way are facial products including masks, cleansers and toners.

A high level of new product introduction and manufacturers'

"Consumers are not at all price conscious when it comes to beauty products"

promotional support in this arena has fuelled consumer spending.

Sales of own-label brands within the beauty sector have been fairly flat in the past year. Own label has dropped by almost 2 per cent in share terms and now accounts for a more modest 16.5 per cent of the market value.

There has been a shift towards higher ticket items, particularly on the part of branded products. Average prices have increased by almost 9 per cent for branded products while own-label prices have remained flat.

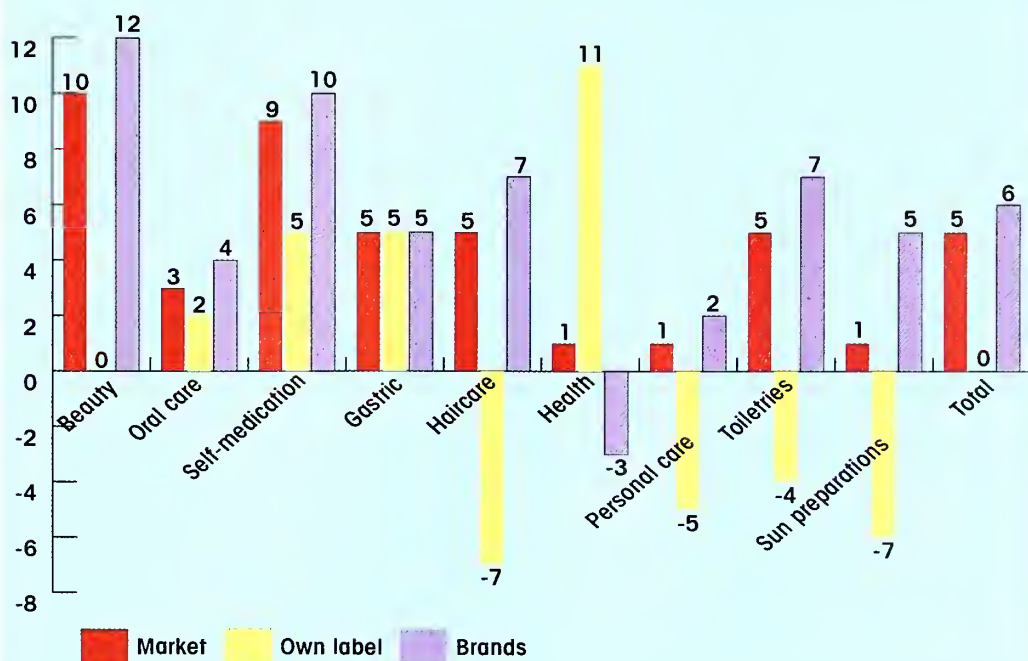
The stagnant performance of own label would suggest that consumers are not at all price conscious when it comes to beauty products.

With the level of investment that the likes of the major grocery multiples and Boots the Chemists have made in this sector, it is surprising that own label still has such a low share.

But this is encouraging news for the independent sector, which can continue to offer the branded ranges that consumers want and this must be the way forward in this increasingly competitive marketplace.

Health & beauty market performance

% change year on year



Total GB value performance. 52 weeks ending 18 April 1999 v 52 weeks ending 19 April 1998

IN BRIEF

Pharmacy sales strong in July

Pharmacies reported some of the strongest sales increases in July, according to the Confederation of British Industry's distributive trades survey. Sixty-seven per cent of CBI's pharmacy panel said sales had risen last month, but many had seen sales fall during the same period last year. The CBI said overall sales figures suggested recent interest rate cuts were encouraging consumer spending.

Smith & Nephew keen to expand

Smith & Nephew could spend up to £500 million on acquisitions to strengthen its core interests: wound management, endoscopy and orthopaedics businesses.

The group already wants to acquire Exogen, a company specialising in ultrasound bone healing, for £40m, and it has agreed to acquire 3M's implant business.

S&N said its strategy of concentrating on three therapeutic areas was working. Its interim pre-tax profits rose 18 per cent to £85m, which excluded a profit of £64m for selling its bracing business.

In July the group sold its cotton wool business to Robinson & Sons' healthcare division.

Its turnover rose 11 per cent to £517m. The group spent £17m on restructuring costs that involved rationalising plants, distribution and removing a layer of regional managers.

S&N's consumer sales grew 8 per cent, its wound management sales grew 6 per cent, and its endoscopy turnover, 9 per cent. Underlying sales in the US orthopaedic market grew 11 per cent.

Wholesalers expect PPRS compensation

Pharmaceutical wholesalers look set to receive compensation from manufacturers because of the price cuts that will occur under the new Pharmaceutical Price Regulation Scheme.

From October 1, manufacturers will make selective price cuts to ensure their overall portfolio reflects a 4.5 per cent reduction.

All manufacturers have already received a letter from the British Association of Pharmaceutical Wholesalers, which says that its members need to know how they will be compensated by September 1, "in order to prevent large scale de-stocking".

The Department of Health this week stepped in to help BAPW's cause. In a letter to the BAPW, Mike Brownlee, DoH's branch head of the PPRS, says he has told manufacturers that they can bracket their compensation as an 'allowable cost', which will be used to help calculate their 1999 financial return under the PPRS.

AAH Pharmaceuticals and UniChem, meanwhile, have already approached manufacturers. Steve Dunn, AAH's managing director, said the issue was clear cut. "Clearly, manufacturers are going to have to reimburse because, otherwise, no sensible pharmacist or wholesaler is going to carry a big stock of goods that's about to be devalued by 4.5 per cent," he said.

Chris Etherington, UniChem's managing director, said the company had received some replies from manufacturers, one of whom had already made



Steve Dunn, AAH Pharmaceuticals' managing director

a price reduction and would be crediting the wholesaler for the price difference.

Michael Watts, BAPW's executive director, said the whole scenario could have been avoided if the Government had allowed wholesalers to be involved in the PPRS negotiations. "Everyone knows that wholesalers work on minute margins and cannot absorb a price cut. It's a great pity that this was not considered during the negotiations," he said.

The Department of Health, he added, had been unable to give wholesalers an extra month to run down their stock.

The potential penalty of the price cut is heavy. "UniChem has stock worth about £70 million, AAH probably has a bit more, and all regionals are

holding about £30 million of stock - 4.5 per cent of that is a lot," said Mr Watts.

Wholesalers, he added, would have to negotiate their compensation separately with each manufacturer.

The early response from manufacturers was said to be positive. One company, according to Mr Watts, had written to the BAPW to offer full compensation for all stock wholesalers held on October 1.

The companies C&D spoke to were more guarded. SmithKline Beecham said it was discussing the issue and expected to make an announcement in a couple of weeks' time. Pfizer said it understood wholesalers' concerns and was working with them to achieve a "satisfactory conclusion".

Both Eli Lilly and AstraZeneca were evaluating how they would deal with the situation.

Pharmacists, meanwhile, are waiting to see what reimbursement the Pharmaceutical Services Negotiating Committee can arrange with the NHS Executive. Kirit Patel, chairman of the National Pharmaceutical Association, reckons the PPRS price cut will reduce the value of pharmacists' stock by around £10.8 million - an average of £900 per pharmacy.

Wally Dove, PSNC's chairman, said the wholesalers' lobbying could work in its favour. "If manufacturers reimburse BAPW members, it adds strength to our elbow. We'll ask for a similar level of compensation, paid by the NHSE," he said.

Statim offers course for budding pharmacy bosses

AAH Pharmaceuticals' financial arm, Statim Finance, is holding a one-day interactive training course for independent pharmacists who want to know how to run a pharmacy.

The course - called 'Now you're the boss' - is aimed at pharmacists who are thinking of acquiring their own pharmacy, or who have recently done so. Subjects covered will include balancing the various executive roles, eg managing director, financial director, personnel director; and examining the profit motive, which includes budgeting, forecasting and cash flow.

Statim has teamed up with Horwath

Franchising, a specialist in business training, to run the course. As the workshop is interactive, it has room for only ten delegates at a time.

Robert Andrews, Statim's director, said the course was a test run and, if successful, it would be rolled out in the UK in areas where demand was high.

The first course will be held on September 19 near Solihull. It costs £150 plus VAT, 50 per cent of which will be refunded if the pharmacist subsequently uses a Statim guaranteed loan to acquire a pharmacy.

Pharmacists interested in the course should call: 01203 432500.



Pharmacy Mutual Insurance has signed up 2,000 customers for its motor policy, which it runs in partnership with Avon Insurance. Since PMI transferred to this scheme in 1997, it said the number of vehicles it insured had risen 100 per cent. (L-r) Gemma Dopson, an Avon insurance adviser, gives Trudie Hilton, a pharmacist at Ealing General Hospital, a money off voucher for being the motor policy's 2,000th customer

Nycomed profits fall 8.4pc to £104.2m

Nycomed Amersham, whose interests include *in vivo* diagnostic imaging agents and biotech systems, saw interim pre-tax profits drop 8.4 per cent to £104.2 million.

It said the fall partly reflected a £9.8m drop in the profits of Nycomed Pharma, a regional pharmaceutical

business that was sold to Nordic Capital in May.

NA's sales rose 13 per cent to £600.3m. Amersham Pharmacia Biotech, a subsidiary that supplies biotech systems to scientists in the pharmaceutical industry and in academia, lifted its turnover 16.6 per cent to

£242.6m. The company's operating profits, excluding R&D costs, grew 8 per cent to £54.8m.

NA's applied genomic sales grew 21.3 per cent to £100.9m. The group has sold more than 200 gene sequencing Megabace instruments. Its imaging sales rose 8 per cent to £358m.

SmithKline and Lilly sue Dowelhurst

SmithKline Beecham and Eli Lilly are suing a UK-based parallel importer for allegedly infringing their trademarks without their consent.

SB's writ says that Warwick-based Dowelhurst has sold famciclovir tablets, bought in Belgium and repackaged under a new outer carton, under the names Famvir and Dowelhurst.

The parallel importer infringed SB's trademarks by using the signs and labels: SK&F, Relif, Seroxat and Deroxat, which are either identical or very similar to SB's trademarks, according to the writ.

Dowelhurst also imported and sold nabumetone tablets, labelled Relif, without consent. SB made the tablets in Germany and marketed them as

Relif and SK&F says the writ, which adds that Dowelhurst bought the tablets from Spain and repackaged them in a new outer carton.

In a separate writ, Eli Lilly claims Dowelhurst has infringed its copyright by importing Prozac from Spain, repackaging and selling it.

Dowelhurst advertised both companies' repackaged products in the pharmaceutical press.

Both SB and Eli Lilly claim that Dowelhurst does not need to repack-age their drugs to sell them in the UK. Their writs also say that Dowelhurst's decision to use its own trademarks for the drugs undermines the original trademarks.

The company, they add, will build

up goodwill through its trademarks, which can then work in its favour when the products' patents expire, because it could eventually launch generic versions bearing these established trademarks.

The patent on Eli Lilly's Prozac, for example, expires on January 8, 2000. As Dowelhurst's trademarks have been used in association with Eli Lilly's, the company will have a springboard into the market, says the writ.

Both companies are seeking injunctions to prevent Dowelhurst from infringing its trademarks. They aim to make Dowelhurst pay for any damages caused. And they are seeking orders to make Dowelhurst hand over or destroy any offending material.

Schering sales reach €1.7 billion

Strong sales in Japan helped lift Schering Group's first half sales 7 per cent to €1.754 billion.

Its pre-tax profits rose 5 per cent to €297m.

The group's Japanese sales grew 27 per cent, while those in Europe rose 7 per cent.

Schering's fertility control/hormone therapy products grew 1 per cent to €568m. Its therapeutics category was up 9 per cent to €531m. Worldwide sales of Betaferon, the group's multiple sclerosis treatment, rose 15 per cent to €214m. The brand's European sales rose 14 per cent to €99m, after it received regulatory approval in January.

Meanwhile, Schering's diagnostics business grew 13 per cent to €491m.

ADVANCE INFORMATION

RPSGB will be holding the following conferences and symposia in September: 'Dissolution and dissolution testing specifications', **September 2-3**, London; the British Pharmaceutical Conference, **September 13-16**, Cardiff; 'Enhancing the oral absorption of poorly-water soluble compounds', **September 17**, Cardiff; 'The transition to HEA propelled inhalers', **September 17**, Cardiff; Conference: 'Lipid and surfactant disperse systems', **September 26-18**, Moscow. Further details from Dr J A Clements, tel: 0171 735 9141.



Legal matters

Ten years ago, I took a new lease of a pharmacy. The business prospered and three years later, I sold it at a profit to buy a bigger outlet elsewhere. My original business changed hands several times and eventually closed down about nine months ago.

I have just received a statutory demand from people claiming to be the landlords (although they are not the people who originally leased the outlet to me) claiming all the arrears of rent owed by the last tenant, who is now bankrupt.

I can pay the money, but I don't feel I owe it. What can I do?

CP, London

Your letter raises several interesting problems. Unfortunately it seems that you may indeed be liable for the money being claimed.

As your lease was entered into prior to January 1, 1996, you do not benefit from the Landlord & Tenant (Covenants) Act 1995. This Act changed the law so that for leases made after January 1, the landlord cannot look to all previous tenants of a property for payment of the rent. Unfortunately, this doesn't apply to you. Usually a landlord will require a tenant to guarantee payment of the rent by his or her immediate assignee. Tenants should therefore choose their assignees with care.

A statutory demand is the first step towards making you bankrupt. It is often used to make a debtor pay up. If you contest the statutory demand, you must apply to the County Court to have it set aside within 18 days of service. The people claiming to be the new freeholders must prove that they own the freehold. If they do not, you should apply to have the statutory demand set aside.

If you cannot have the statutory demand set aside then, unfortunately, you are liable to the landlord for the

rent arrears, even though you are not the present tenant. You should therefore pay all of the arrears in order to avoid bankruptcy. You will then be able to look to whoever you sold the lease to for indemnity - to recover the money now owed to you.

My pharmacy services various nursing homes, who send in staff to buy the products they need. Each home has signed up for service for six months, paying on a monthly basis. Recently one of them, who has always been bad at paying on time, stopped paying the invoices altogether. I carried on supplying the products in good faith for a time, but when the home didn't return any calls or respond to letters, I stopped.

The trouble is, I do not have a formal contract, just an exchange of letters that agreed to the arrangement. Is there any way I can enforce this 'informal contract' and get the money I'm owed?

TP, Sheffield

You certainly have a chance. It is not always necessary to have a formal

contract in order to enforce an agreement made in correspondence. What you need is for all the terms of the 'contract' between you to be set out in the correspondence, and for there to be evidence of a clear intention by both parties to be bound by them. It may well be that the intention to be bound by the contract will be inferred by the fact that your client has, in the past, paid you for the products.

If this is the case and provided you can show that the client was to receive the products, and you were able to supply them, throughout the six-month period, then you may be able to sue the client in the County Court under the Small Claims procedure. This procedure applies, provided the amount claimed is less than £3,000.

Although it is not necessary to use a solicitor to make a small claim, you would be wise to seek legal advice as to your exact position and the likelihood of success.

Advice provided by Lawyers for Your Business, an initiative of the Law Society. For more information, tel: 0171 405 9075.

Classified

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APPOINTMENTS

Care Home Liaison Officer

SurgiChem, suppliers of the Nomad Monitored Dosage System, are looking to recruit a highly motivated and enthusiastic individual as Care Home Liaison Officer. Knowledge of Nomad MDS in the care home environment is essential, as is the willingness to travel extensively visiting care homes throughout the UK to ensure that the Nomad system is working effectively. You must possess excellent problem solving and communication skills whilst having the confidence to talk to nurses and pharmacists about any issues regarding the use of this medicine management system. Self-motivation is also a prerequisite as the position will involve working from home.

You are likely to be currently working as a Pharmacy Technician or similar role.

The salary package will include the use of a company car, mobile phone and fax machine.

To apply, please send your CV and a covering letter to Dr A Gitsham, SurgiChem Ltd, Milton Court, Horsfield Way, Bredbury Park Industrial Estate, Stockport SK6 2TD.

Closing date for applications: 3.9.99.

SurgiChem

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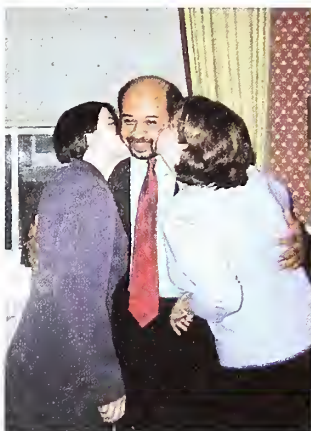
All is revealed

Thanks to donations received, *C&D* can now unveil the "presidential kiss".

The young ladies involved have been named as Lyndsay McClure, vice-president of the British Pharmaceutical Students' Association (left), and Mary Jobling, BPSA student exchange officer. The kiss, all in aid of charity, of course, took place at this year's BPSA conference in Nottingham.

A cheque is on its way to the BPSA Neema account, courtesy of the profession's generosity - or perhaps curiosity.

The sponsored presidential kiss is an annual event, so Mrs Glover must be hoping she receives her kiss from such an attractive pair.



Hemant Patel, former president of the Royal Pharmaceutical Society, with Lyndsay McClure, BPSA vice-president (left), and Mary Jobling, BPSA student exchange officer

Antique fittings donated to Welsh botanical gardens

A Welsh pharmacist has donated his antique pharmacy fittings to a pharmacognosy exhibition at the National Botanical Gardens of Wales.

Richard Thomas' late 19th century pharmacy fittings will form part of an exhibition on the theme of 'The physicians of Myddfai'. This is a 13th century Welsh text at the Bodleian Library in Oxford, which is a "unique record of European herbal medicines knowledge" at the time.

Richard sold Apothecaries Hall pharmacy in Holyhead two years ago, but retained rights to the fittings, if the shop was refurbished. The fittings form one of the last intact shops from the period, according to Richard, and include mahogany drug runs and display cabinets. He learnt about the exhibition from Terry Turner, his former pharmacognosy lecturer at Cardiff, and adviser to the project.

The £46 million gardens are due to open in Llanthney, near Carmarthen next Easter.



The antique fittings at Apothecaries Hall pharmacy, Holyhead

Pfizer loses its balls

The association of Viagra with balls, holes, and swinging proved too much for Pfizer and it has withdrawn a year's supply of its infamous 'love drug' as the prize in a golf competition.

According to an article in *The Independent*, Pfizer offered the prize for the first two 'holes in one' at the Chequers Golf Classic in Malaysia. The company later withdrew the prize, offering cash instead.

The company's tune seems to have changed from 'Love is all you need' to 'Money, money, money'. But at least players whose performance is below par can now spend their winnings on a private prescription.

APPOINTMENTS

Maxine Green has been promoted to national account manager at Bausch & Lomb Visioncare. She will continue to oversee the pharmacy and wholesaler business, as well as developing business with national optical customers. Sara Dove is the new key account representative reporting to Ms Green. Tony Whyatt has been appointed southern regional sales manager at the company.

Dr Sorya Dhillon, MRPharmS, has been appointed chairman of the Luton and Dunstable Hospital National Health Service Trust.

Thomas Beck has been appointed president and director of global research at UCB Pharma.

'Miraculous Malcolm' graduates in pharmacy

Malcolm Lambert, dubbed "Miraculous Malcolm" by his local newspaper, has shrugged off two brain tumours to graduate in pharmacy.

The Bath graduate was told he had two brain tumours when he was 15 years old, and had to endure months of radiotherapy during his summer holidays. He has gone on to achieve an upper second class degree, and he is now one month into his pre-registration training with Boots the Chemists in Tunbridge Wells. Malcolm is enjoying his training, and hopes to stay with Boots and go into management.

His education has not been too taxing to date, according to Malcolm. "When you've had brain tumours, nothing seems that difficult," he said.



Malcolm Lambert at his graduation

Are you ready for Y2K?

If an English teacher, asking a pupil if a piece of work was finished, was told 'nearly' or 'almost', he or she would almost explode. But if you saw the Government's advert last month, showing how prepared the various services are for the 1999-2000 crossover, the healthcare sector would surely rank as the most 'almost or nearly' ready of them all.

While there is nothing among NHS hospitals, ambulance services, primary care and health authorities that is considered to be at severe risk of material disruption with not enough time to rectify (the red zone), only 3 per cent have been assessed as not having any identified risk of material disruption (the blue zone). That puts a whopping 97 per cent in the amber 'almost/nearly' zone, where there is some risk of material disruption, "but agreed rectification and containment plans are in place".

It is interesting to see the company the NHS keeps in terms of readiness. Only the police forces (98 per cent 'nearly' ready), and local government (only 6 per cent ready in England and Wales and nothing ready in Scotland) are in a worse position.

Fortunately, the nuclear, water and telecommunications industries, financial processes, benefits payment system and national air traffic control systems, along with the postal services, are as ready as can be, having a blue zone score of 100 per cent.

Rest assured, then, the prescription pricing bodies will not be able to blame the postman if there is a delay in you getting your payment cheque.

Volunteers wanted for rafting challenge

Adventurous volunteers are needed to raise over £20,000 in a white water rafting challenge for the British Diabetic Association.

Described as "an interesting challenge" for those working in diabetes, "700m of seething foaming water" should make a fun day out of the pharmacy.

Potential paddlers should keep Monday, November 15, free for a trip to the National Watersports Centre near Nottingham. The BDA is looking for nine seaworthy teams of eight people. The event is in celebration of World Diabetes Day (November 14).

For further details, contact Suzanne Morris on 0171 462 2646.

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